

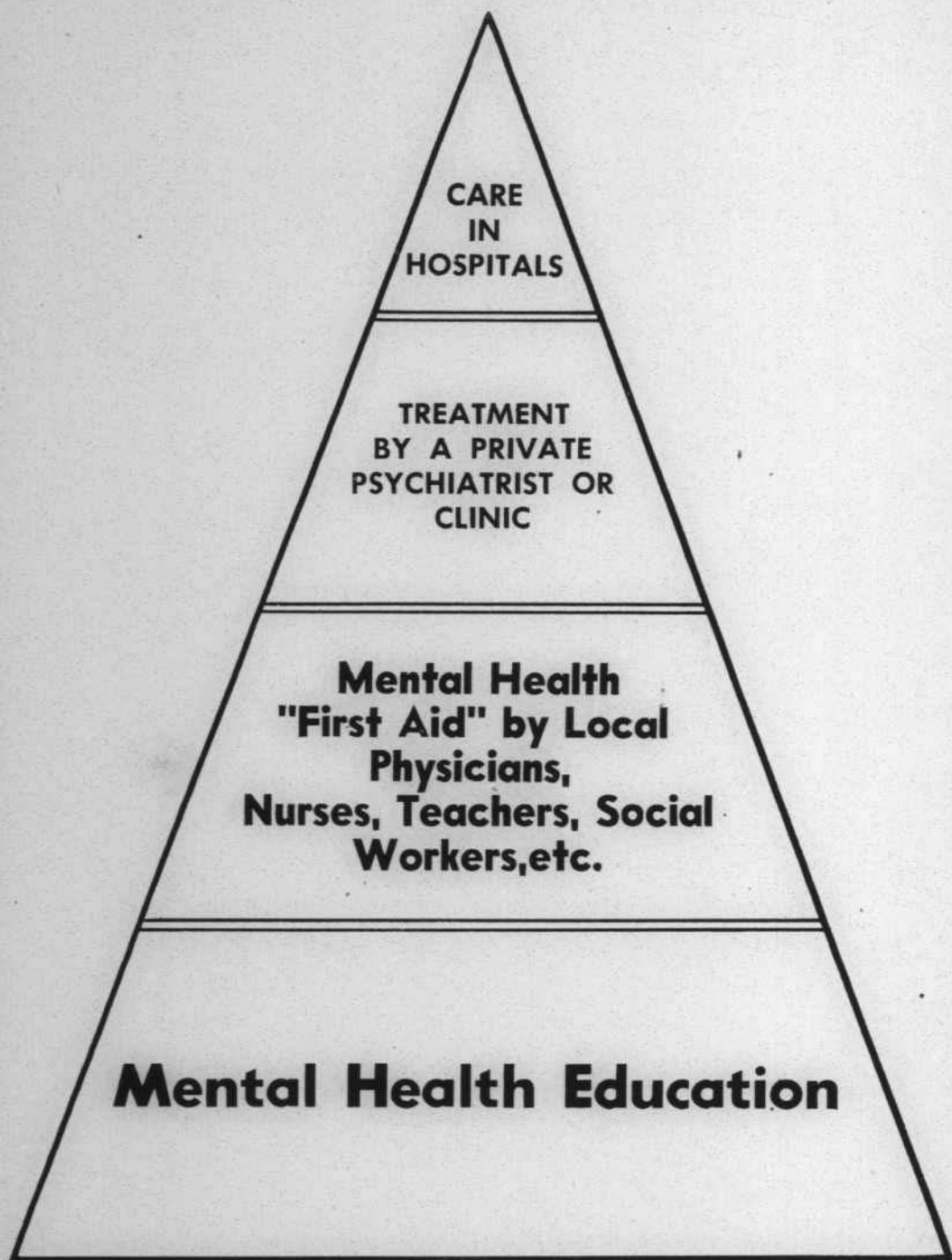
The background of the cover is a black and white photograph of a grand, classical-style building with several tall, fluted columns supporting a pediment. The words "STATE BOARD OF HEALTH" are inscribed on the pediment. A large, stylized, cursive word "Florida" is written across the top of the image, partially overlapping a black rectangular box.

Florida **HEALTH NOTES**

JANUARY
1952

"WORRIED MIND"

Vol. 44
No. 1



The four levels of mental health needs of our people; the smallest group is that which needs care in a mental hospital — most of us need mental health education.

"WORRIED MIND"

What is mental health? You may call it happiness. Your neighbor may call it peace of mind . . . enjoyment . . . satisfaction. It has to do with the way we harmonize our desires, abilities, ideals and feelings in order to meet the demands of life.

Suicide, crime and delinquency, alcoholism and the use of narcotics, divorce and desertion, broken homes and partly orphaned children — all of these are often the result of mental and emotional disturbances.

Medicine and public health have come a long way in improving the physical well-being of people. Physicians have made enormous strides in diagnosing and treating almost every ill that bothers mankind. Plagues which once swept whole nations and even continents are something you read about today in history books. But there is more work to be done, especially in one field. That one field offers a threat to every person in Florida. It is a significant factor in a number of physical diseases:

That Problem Is Good Mental Health!

Our goal is good mental health for everyone, for poor mental health can lead to severe mental illness. Today over half the hospital beds are occupied by people who are mentally ill. The growing pressures of our modern jet-propelled civilization places an ever increasing strain on the individual in contrast to the slower pace of the horse and buggy days.

What is meant by mental illness, mental defectives, and mental health? Persons with mental illness can be just as sick as are those with physical ailments and may have to be confined to a hospital. Mental defectives are those who are born lacking some of their mental faculties. Nothing that we can do will make these faculties return. As for mental health, when we practice good mental health we are trying to prevent mental illness just as we do other preventable diseases.

How does mental illness lap over into other diseases? That brings us into the comparatively new field of "psychosomatic" medicine. Psychosomatic medicine is concerned with the effects of mental attitudes upon physical illness. Doctors recognize the importance of the sick person's attitude in relationship to the speed of recovery in many illnesses. Physicians in general acknowledge that certain cases of heart disease and disorders of the digestive system have been brought on by worry. Recovery of persons with these conditions can only be achieved by the combined treatment of their mental problems and the physical ailment.

At the present time it is predicted that one person in every ten will be in need of psychiatric help at some period during their lifetime. Mental illness is three times more extensive than cancer and occurs fifteen times oftener than tuberculosis. A great many people will suffer from some form of mental ill health during their lifetime — perhaps of no more note than a simple cold, like feeling depressed or unhappy for a day or two. But if a troubled mind remains in that condition long enough to set up habit patterns, then the mischief is done. However, there is a growing community awareness of the problems involved in preserving good mental health. But before talking about community agencies and such, let us discuss a little in detail what good mental health is.

Good mental health is more than merely the absence of mental illness. One easily understood way in which to describe it is to picture mentally healthy people. Such people have a tolerant, easy going attitude toward themselves; get satisfaction from simple everyday activities; can take life's disappointments in their stride and can accept their own shortcomings. They are individuals who have personal relationships that are enduring and gratifying. They reach maturity which is the goal of emotional growth. One cannot completely describe a mature person, but here are some of the traits that make up his personality. An emotionally mature person:

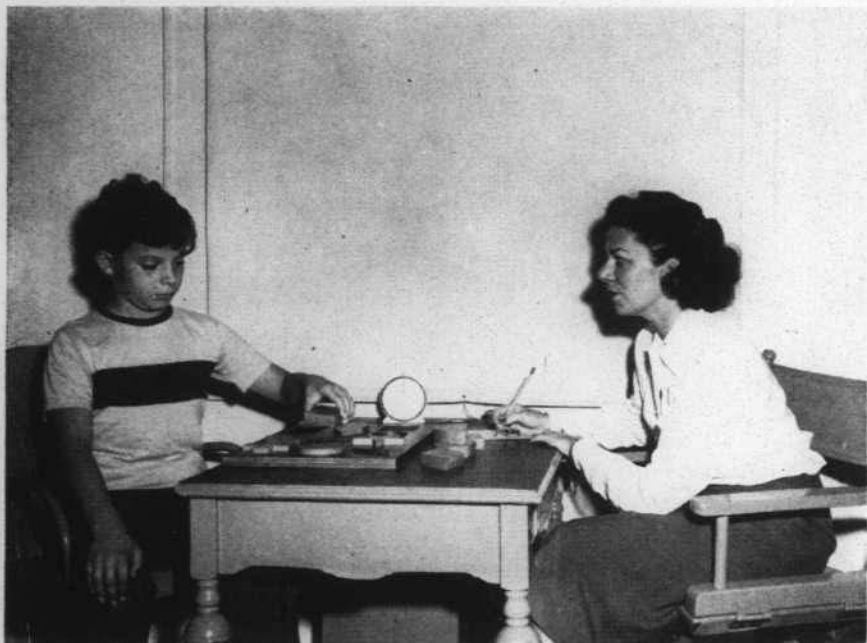
Faces life as it really is
Accepts responsibility
Can adjust when he needs to
Directs his energies toward definite objectives
Has stable adult emotional patterns



Those concerned with the welfare of emotionally disturbed children improvise a play room at a child guidance clinic in Florida.

Poor mental health may lead to definite mental illness. Mental illness does not develop suddenly. It frequently begins in childhood and in many instances it could have been prevented. The persons who occupy beds in Florida's mental hospitals today are viewed as double tragedy when we realize that many of them might never have needed to be hospitalized if early symptoms of poor mental health had been recognized. The Florida State Hospital reported July 1, 1950, a total of 6,576 patients. And there are many more scattered through the smaller public and private institutions in the State. What a waste of human life!

Good mental health, or the prevention of mental illness as well as physical ailments, is the aspect of this problem that most interests the Florida State Board of Health and various other voluntary and official organizations throughout the State. For, as we said before, mental illness may be a significant factor in some other preventable diseases which the State Board of Health seeks to alleviate and eliminate.



This time-test — placing differently shaped blocks in their proper positions on a slotted board — reveals mental agility and manual skill.

All of us are subjected to increasing emotional strain today. Our world crisis and the steady pressures of civilized living make us more vulnerable to mental illness. As we have more men under arms and more factory wheels turning, there will be congestion around encampments and defense areas bringing new problems connected with housing, health, schooling, recreation, and migrant groups. We can expect increased emotional problems for our children because of the disruption of family life and the heightened tensions resulting when mothers must go into industry, when fathers are called into the Armed Forces, when homes, schools and playgrounds are overcrowded and inadequate. Some people can take an enormous amount of mental shock and strain and come through battered but ready for more of the fight. Others appear to lack emotional stability and break under the strain. Where does prevention come into the picture? The answer to that lies in the first years of life. Babies begin forming patterns of behavior in the cradle, some of which will go through life with them, with modifications as the body and mind develops and matures. Where then would you start a preventive program?

The answer is: as early as possible, even before the baby is born. For the attitude of the parents toward the newly arrived child, will set the stage for a living experience—a happy and well-adjusted child or an unhappy and maladjusted one. That is the reason why prenatal clinics operated by Florida's 65 county health departments are coming more and more to stress the importance of the right attitude for parenthood. These clinics render services to approximately 17,000 prenatal patients a year. There are about 45,000 more who receive care from their private physicians. The principles of mental health are also emphasized in the well-baby conferences which are attended by many thousands of infants as well as those seen in the private physicians' offices. But mental health does not stop with such services, for assistance with the problems of poor mental health are frequently needed at the school age and adolescent level as well as during adult life. Psychologists, psychiatrists, teachers, pediatricians and child guidance workers **can help parents provide the best available background out of which children may mold themselves.** In the final analysis, the love or rejection, the security or insecurity which the child finds in this background become ingredients out of which the child himself builds his adult personality.

Dr. Benjamin Spock, noted author of "Baby and Child Care" says, "Maybe you think that mental health is a business of a psychologist giving a test to a juvenile delinquent or a psychiatrist trying to treat a patient in a hospital but these are only the last ditch battles for mental health. The real campaign begins with the security of a baby in his crib, a chance to grow in understanding and friendliness, first at home, later in school and in a job. Whose business is this? Yours and mine, of course."

The astonishing number of rejections of men for military service on the grounds of mental ill health during World War II served to help bring the mental health problem out into the open. For confronted with appalling statistics, Congress passed a Mental Health Act in 1946. Florida was one of the first states to take advantage of this financial assistance. These federal grants (administered through the State Board of Health) together with money from state, local and private sources, have financed the work of the Child Guidance Clinics in Florida.

The State Board of Health, with the approval of the County Medical Societies and the cooperation of other state and local agencies and community organizations, has established seven Child Guidance Clinics. Although the State Board of Health subsidizes all seven of these clinics, the major portion of each budget is obtained from local resources. The policies for each of these

clinics are determined within the community by a local board of directors or a similar advisory committee.

These clinics are located in the following counties: Dade, Duval, Leon, Hillsborough, Orange, Polk and Pinellas. The Pinellas County Child Guidance Clinic was established in 1944 prior to the National Mental Health Act. All these clinics serve on a regional basis. Children may come to them from any neighboring county—and frequently do. The psychiatric clinical-team approach is used by each of these clinics. This team consists of a psychiatrist, a clinical psychologist and a psychiatric social worker. The psychiatrist serves the clinic on a part-time basis, while the psychiatric social worker and the clinical psychologist are full time staff members.

The Child Guidance Clinic functions in two ways. On the community level, it shares the responsibilities with other agencies to promote a widespread understanding of the principles of mental health through in-service-training programs for various agencies, conducting study groups, serving as members of panels and discussing current mental health literature. The second objective is one of offering services to children who are experiencing social or emotional difficulties. Here the clinical team members work both with the child and his parents, while cooperating with other community resources through an exchange of findings and recommendations.

What kind of practical problems are presented at a child guidance clinic? In younger children they may be such things as temper tantrums, bed wetting, thumb sucking, fear of the dark, nervousness, difficulty in getting along at school, with playmates or his family. Or he may be such a "good boy" that he can't make his own decisions. There are adolescents who may have difficulty in making the change from childhood to adulthood. There are those young people who want help in choosing a vocation. These and many other problems that perplex children and parents are resolved in every clinic.

Children are referred to these clinics by parents, physicians, Boards of Education, Juvenile Courts and other social agencies. Close cooperation is being developed between these clinics and the exceptional child program of the Board of Education. In all clinics there is a long waiting list. This indicates a growing demand for the clinic's services.

Each Child Guidance Clinic offers services slightly different from the others. However, a few remarks concerning general policies would not be amiss here. For such services as physical examinations, the clinic recommends that the child be taken to a



It takes a lot of people to keep a child guidance center going. Here you have a psychiatrist, two psychologists, three public health physicians, two educators and a representative of a woman's organization, the latter presenting a check to help finance the activity.

private physician. In certain cases, when indicated, the psychiatrist gives a neurological examination to help determine if a physical condition is responsible for the mental disturbance. Usually the services of the clinic are extended to children and young adults up to the age of 21. Except in case of the latter, it is required that a parent or guardian participate in the clinic's work with the child.

We have spoken of mental illness, the importance of "preventive" methods, the value of child guidance clinics, and we know the part that professional and lay people can play in helping to improve mental health for Florida's people. Let us move, now, to people themselves—to individuals in trouble. Let's see how they were helped to overcome their problems. For the story of mental health is the story of people, their trials, their tribulations, their worries, their fears, secret and spoken. It affects our relationships one to the other, in marriage, on the job, in church or civic work, for whatever one's age, whether infant or old person, all have feelings or emotions. They are a part of us. They make us warm and alive or cold and dull. Our emotions either draw people to us or repulse them. But we could talk on for pages and pages—here are a few illustrations:

The story of Tommy: On the day after Labor Day, Tommy began the First grade. Tommy had accepted going to school as a matter of fact. Papa always said, "If you are going to get along in this world you will have to go to school." But after Tommy got to school what scared him was there were so many other children. The teacher spoke kindly to him but she had such a big class she was always busy. He stayed apart from the others and looked on. He didn't like to play with the children at recess. The other boys would snatch his cap and run away with it. They picked on him, and he couldn't seem to fight back.

One day after a fight he climbed up an oak tree and all the children gathered round the tree and pointed up at him. Finally the teacher came and she got Tommy to come down from the tree and walk back to the school room with her. She said: "It scares you when someone takes your things, doesn't it? Sometimes it makes you mad, but running away only makes them do it to you again." She sent a little note home to Tommy's mother and told her that maybe the public health nurse would come to visit.

The public health nurse did come to Tommy's house. She, Tommy and his mother talked about their boat, fishing in the creek and the chickens and cow, and about father's bad leg. Mother told the nurse how nobody had been to visit them since they had moved into Carney's Corners. Their car was old so they didn't go many places; just bought their groceries at the cross-roads store. They didn't go to church, either.

The public health nurse then told them about the Child Guidance Clinic where they helped children and parents work out the same kind of problems.

One day Tommy's mother made an appointment to go to the clinic and took Tommy with her. Here a very nice lady (psychiatric social worker) talked the problem over with Tommy's mother while Tommy was talking to a friendly man (clinical psychologist). They made several visits to the clinic. While the mother saw the social worker, Tommy and the psychologist met in the playroom. In this special room Tommy felt right at home and talked a lot about his pets, fishing, and many other things he liked. Soon he began to talk about school and the things that went on there. This man was the first friend Tommy had ever made outside of his family. The social worker told Tommy's mother how much of Tommy's behavior was caused by their living so much to themselves and without friends.

Mama and Papa made more friends in the community and joined the church. Tommy began to get along better with the

children at school. He played games with the other children not only at school but also in his neighborhood.

The story of Nina: A local doctor called up one day and told the public health nurse that a woman had been to see him the previous day. She had requested some kind of a sedative and it appeared she had been getting drugs from various doctors; no, he didn't believe she was a drug addict but he thought she definitely needed some help. The nurse found Nina, and her husband Sam, staying with her sister, Louise. Louise was very distressed and said if Nina needed some kind of special treatment she would go to work again at the shipyard. Nina told how she was 37 years old and had been sick for about nine years. She stated she was nervous all the time. This condition prevented her from caring for her home and children as she once had. Her oldest girl was about to graduate from high school and she felt that she must be well for that. Nina explained that she had been to see a psychiatrist and he had told her she should have some intensive treatments, but Nina hadn't liked the doctor and they had disregarded his advice. They also thought that the proposed fee for the treatment was too expensive. They had visions of having to pay for these treatments for years.

The nurse recognized the fact that Nina had a severe case of mental illness and was in need of intensive psychiatric treatment. She encouraged the family to go back to the psychiatrist, explaining that these treatments often bring about favorable results, with some patients in a very short time.

The nurse made several visits and Nina finally decided to go back home. She had hospital care under direction of a psychiatrist. At last reports she seemed to be happy and well-adjusted, and caring adequately for her family.

The story of Mrs. Martin: A neighbor called up the Visiting Nurse Association and said that they had better send somebody out to help Mrs. Martin with her new son. He had been crying for two days and nights, ever since they had brought him home from the hospital. Her husband was trying to get time off so he could help take care of the new baby but he hadn't succeeded and Mrs. Martin was hysterical. The nurse arrived and Mrs. Martin immediately told her that even though she had her certificate for attending Mothers' Club Classes, she "wasn't fit to be a mother," and she knew it.

The nurse quietly gave the baby a bath and helped Mrs. Martin fix the bottles. She told her that it wasn't easy to learn to care for a baby and that she would come back and help the next day, too.

Mrs. Martin had calmed down the following day and tried to help bathe the baby. The nurse let her talk out her fears and explained quite a bit about some "tricks of the trade" in caring for infants.

The third day Mrs. Martin appeared at the door with her hair combed and some bright lipstick on. She said that she felt much better about the baby and she wouldn't need any more visits but that it was nice to know someone would come if she needed them.

The story of Mr. Green: Mr. Green was a tailor who was 56 years old. He lived alone. For 29 years he had been a diabetic. Then last Spring he had a stroke and his right hand was paralyzed. He did not want other people to give him his insulin. His doctor talked to him and showed him that perhaps he would be able to use his right hand again one day. In the meantime, he could learn to give the insulin with his left hand. The social worker who came to the house helped him a great deal as did the nurse in the doctor's office. They encouraged him and showed him how he would eventually be able to take care of himself. The proudest day was when he gave himself his first shot of insulin with his left hand. He decided that if he could do something that difficult then maybe he'd learn to do many other things for himself.

The story of Mary Ellen: Mary Ellen was 4 years old when her baby brother was born. Mother and Daddy had told her there was going to be a new baby but she just couldn't realize it until he arrived. She liked to look at him but it soon seemed that he got all the attention. So, Mary Ellen began to have temper tantrums, not only during the day but also at night. She took to sucking her thumb and wetting her panties.

One day her mother took the baby to the Well-Baby Conference. She told the doctor and nurse there about what Mary Ellen was doing. They explained how necessary it was that Mary Ellen should be reassured that the new baby was not taking her place. There are many ways to do this and they talked about some of them. When Mary Ellen's mother came back to the clinic a month later, she said that Mary Ellen had really "straightened out" and was holding the baby for a few minutes every night.

How can the State Board of Health, the 65 County Health Departments, local mental health societies and a host of other voluntary and official organizations help to prevent mental illness by promotion of good mental health?



A psychologist at a child guidance clinic "talks it over" with two youngsters as they pause at play.

Before we answer that question let us look at some of the problems Florida public health agencies have studied, analyzed, then conquered or controlled. For example: time was when tuberculosis claimed thousands of lives in Florida. Each year the number of people it kills grows less and less. Its cause is known and its control measures well-defined. We have reached the point where it could be eliminated entirely if enough people insisted on it. All of this took time, money, trained people, and—most important of all—the support of the average citizen. How much money and time can be spent, then, on mental health? It's a big question. Take the problem of setting up a child guidance clinic with the services it can offer to parents and children. Experts agree that a child or community guidance clinic, which is one of our most tried and proven tools in the field of mental health, will not be available for some time to the average small town or rural community health department. There are not enough trained persons, such as psychologists and psychiatrists sufficient to operate even the clinics now proposed for urban areas. It will also require a considerable amount of education before enough people

in a community are ready to support and wisely use a community guidance clinic. It costs a lot of money to support such a specialized clinic. But consider the millions of dollars that now go to our State mental institutions, even if we don't consider the tremendous economic loss in human lives. But a mental health program can often be started in a small way in a community through the local health department, though many other persons could be concerned in it, such as private physicians, social workers, teachers, vocational counselors, etc. For example: the doctor and the nurse in a health department clinic or in a private office have an excellent opportunity to get the mother off to a good start in child rearing. At this time she is in a very receptive mood for guidance needed to improve her understanding of her child.

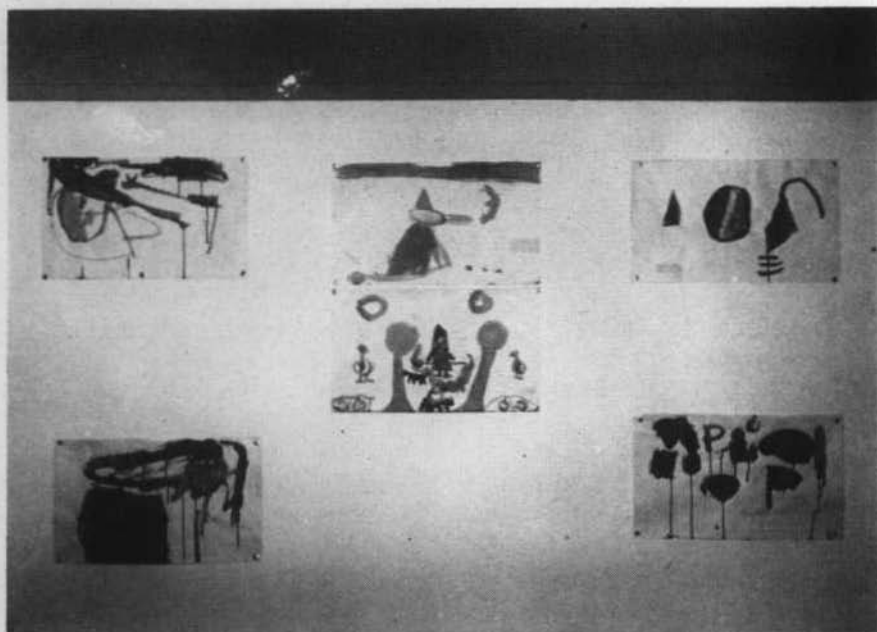
Women approaching motherhood, especially for the first time, often become deeply disturbed as the day of delivery draws near. At this time she is usually extremely receptive to mental health guidance. Sometimes group discussions supplemented by personal talks help to bolster self-confidence. Frequently the expectant mother lacks knowledge and needs definite information concerning pregnancy and birth as well as reassurance. Doctors, nurses, and especially public health nurses, have a better opportunity to detect trouble in the beginning stages and can sometimes forestall a family crisis with a tactful discussion of a current problem.

But here a word of caution needs to be sounded. All professional personnel, unless they have had special training, should limit their activities mainly to teaching, explanation of basic principles of good mental health, and in guiding cases needing psychiatric and psychologic help to the proper people or agencies. There is nothing more disastrous than an armchair or "two-bit" psychologist or psychiatrist. "A little knowledge is a dangerous thing," and of course, no reputable person, be he nurse, social worker, or teacher attempt to **diagnose** or **treat** severe emotional disturbances or mental illness.

Another example of where good mental health must be promoted is in diseases like tuberculosis. A person who discovers he has tuberculosis is letting himself in for several strong psychological shocks. The first comes as he tries to adjust to the idea that he is sick and that it may take him a long time to recover. Another is the constant worry about his family and their welfare while he is ill. A sort of delayed reaction comes when he leaves the hospital and seeks to readjust to normal living. There are many persons along the way who can help him to adjust to each situation as he meets it.

There are definite things we can do to promote good mental health.

- 1—Physical health should be improved and preserved. Physical defects, such as malformations of the hands or feet, harelip, faulty teeth or poor vision, or anything else that makes a person stand out, should be corrected. A sound mind in a sound body is still the ultimate goal of the well-rounded, well-balanced person.
- 2—Provide a reassuring and stable home life. Many feelings of insecurity spring from childhood associations connected with strife and tension in the home, as well as the great damage done by broken homes.
- 3—Encourage your child to actively participate in play and sports activities whenever possible. The need for "belonging" is always present.
- 4—Take an active interest in things outside the home—clubs, parent-teacher groups, and other organizations offering instructional, social and recreational opportunities to help develop an "outgrowing" personality and diminish "ingrowing pains." But don't forget your obligations to — and the satisfactions found in — your home.
- 5—Be careful to temper blame with praise. Consistent criticism defeats its own purpose, creates bewilderment, leads to aimless thinking and behavior. There is always a need to achieve something successfully.
- 6—Never forget the need for love and affection. Every individual feels the need to love and be loved. If these needs are thwarted, a feeling of insecurity will breed faulty behavior patterns.
- 7—Direct the child—and the individual as well—into participation in religious activities. Spiritual well-being is essential to physical and mental well-being.



These finger paintings made by clients at a child guidance clinic provide vital clues to personality kinks, when interpreted by an expert.

- 8—We all need much more mental health education so we can understand the problems of mental illness, its causes and corrections. When we have that, interest will be stimulated to provide some kind of mental health facilities in our own home towns. Then perhaps the day will come when the persons who occupy beds in our mental institutions in Florida will not be so quickly replaced—when they are improved or die—by the persons from the endless waiting lists in each county around the State. Parent-Teacher Associations, church and civic groups, and many other organizations must take the lead in organizing study groups, arranging for qualified speakers and taking stock of the local situation. The problems of mental health and mental illness cannot be taken care of alone by legislators who vote increased appropriations to finance care for the mentally ill—no matter how urgently desirable that is at the present time. The problem is up to you—to understand what is good mental health and how it can be promoted, and to spread the gospel.

We Suggest

You may be interested in reading more about some particular phase of mental health. Single copies of any of the pamphlets listed below will be sent upon request. Please address: The Division of Health Information, Florida State Board of Health, Jacksonville, Florida.

Mental Health is a Family Affair
Old and New Versions of Child Training
Some Special Problems of Children—Age 2-5 years.
How to Tell Your Child About Sex
This is the Adolescent
Helping Children in Trouble
Alcoholism is a Sickness

The Mental Health Societies in Florida and their current presidents are as follows:

Florida Mental Health Society, Max Wise, Ph.D., President
—Gainesville.

Northeast Florida Association for Mental Health, Mrs. W. C. Sumner, President—Jacksonville.

Southeast Florida Mental Health Society, H. Franklin Williams, Ph.D., President—Miami.

Tampa Bay Mental Health Society, Lawrence C. Johnson, President—Tampa.

Gulf Coast Mental Health Society, William L. Wright, M.D., President—Sarasota.

Central Florida Mental Health Society, John P. McKee, M.D., President, Orlando.

Palm Beach Mental Health Society, William A. Weems, M.D., President—West Palm Beach.

FLORIDA HEALTH NOTES

Published monthly except July and August on the 5th of the month by the Florida State Board of Health. Publication office, Jacksonville, Fla., headquarters of the State Board of Health. Entered as second class matter, Oct. 27, 1921, at post office, Jacksonville, Fla., Act of Aug. 24, 1912. It is intended primarily for individuals and institutions with an interest in the state health program, public and private. Permission is given to quote any story. Clippings of quotations or excerpts would be appreciated.

Community Mental Health Clinics in Florida

BARTOW

Polk County Guidance Center, Polk County Health Department Annex. Lowell S. Selling, M.D., Director.

GAINESVILLE

Florida Center of Clinical Services, University of Florida. Darrel J. Mase, Ph.D., Coordinator.

JACKSONVILLE

Duval County Child Guidance Clinic, 605 Ocean Street. Edward L. Flemming, Ed.D., Director.

MIAMI

Dade County Guidance Clinic, Central School, 275 N.W. 2nd. Street. L. Craig Long, Ed.D., Director.

Epilepsy Clinic. Paul Kells, M.D.
62nd St. N.W. Dade County Health Dept. Annex.

Veterans Administration Mental Hygiene Clinic.

University Guidance Center, University of Miami, Coral Gables. Jess Spirer, Ph.D., Director.

ORLANDO

Orange County Guidance Clinic, Orange County Health Department Annex. Roger Phillips, M.D., Director.

ST. PETERSBURG

Child Guidance Clinic of Pinellas County, 757 Fourth Street, North. Paul W. Penningroth, Ph.D., Director
Branch Office—Clearwater.

TALLAHASSEE

Human Relations Institute, Leon County Health Department Annex, 325 E. Gaines St.
Gordon J. Aldridge, M.A., M.S.W., Director.

TAMPA

Hillsborough County Guidance Clinic, W. B. Henderson School. William Bailey, M.D., Director.

Veterans Administration Mental Hygiene Clinic, Coast Guard Barracks, Davis Island.

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Mental Health Program
Heart Disease Control

All counties in Florida have organized county health departments except
ST. JOHNS and COLLIER COUNTIES

FLORIDA HEALTH NOTES published by Florida State Board of Health since 1892

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HN 12-51

*My Mind to me a kingdom is;
Such present joys therein I find,
That it excels all other bliss
That earth affords or grows by kind.*

—Edward Dyer—(Circa 1540-1607)

The background of the cover is a black and white photograph of a grand, classical-style building. The building has a portico supported by several tall, fluted columns. Above the columns, the words "STATE BOARD OF HEALTH" are inscribed on the pediment. The building is made of brick. A large, dark, horizontal rectangular box is superimposed over the upper part of the image, containing the title "HEALTH NOTES" in white, bold, sans-serif capital letters. A white, stylized graphic element, resembling a checkmark or a large letter 'J', is positioned behind the title box.

HEALTH NOTES

STATE BOARD OF HEALTH

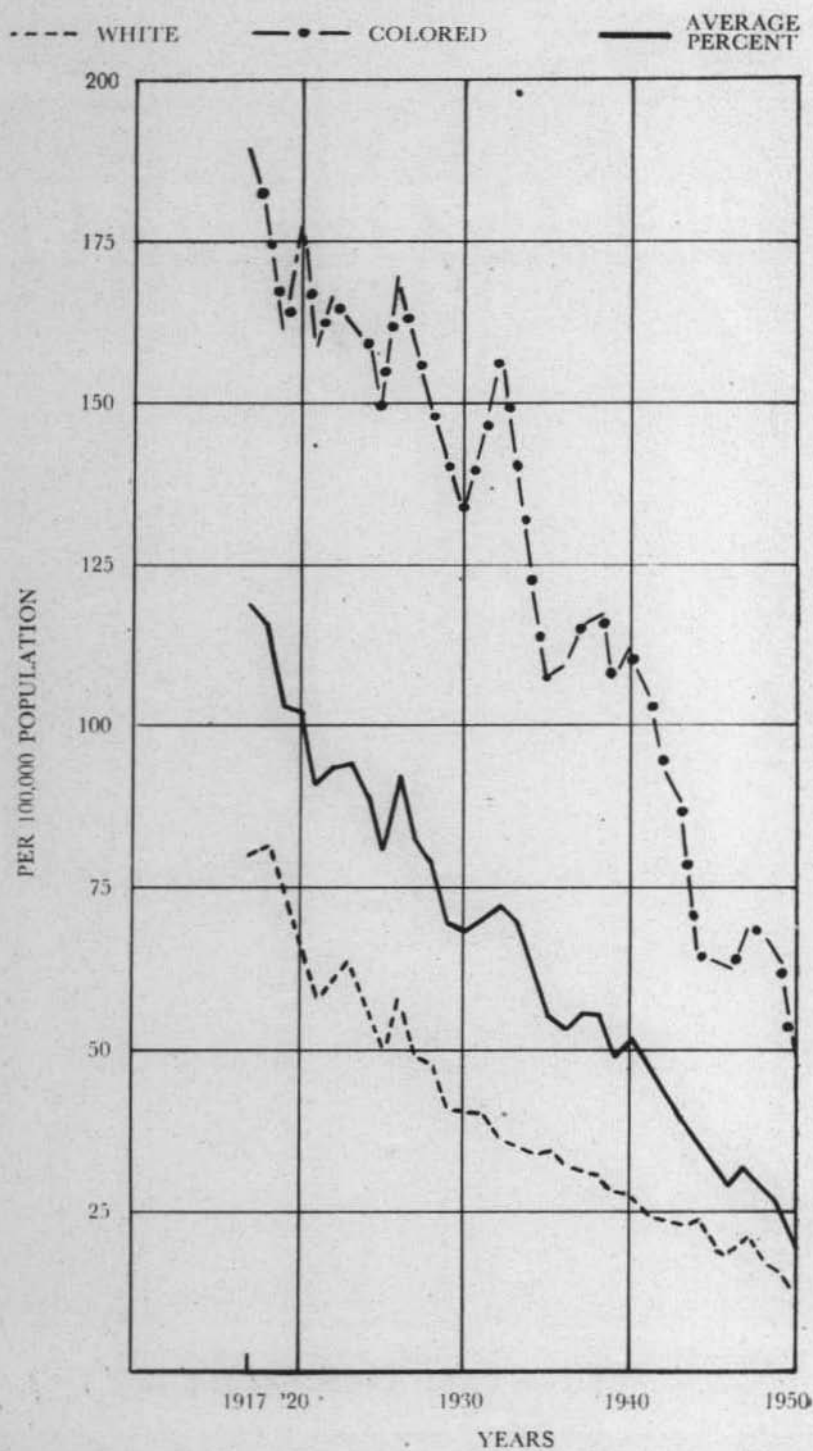
FEBRUARY
1952

TB—ON THE WAY OUT?

Vol. 44
No. 2

FLORIDA STATE LIBRARY

TUBERCULOSIS DEATH RATES, BY COLOR,
FLORIDA, 1917 - 1950



TB — ON THE WAY OUT?

Let's Wipe Out Tuberculosis!

Sounds good, doesn't it? Not to be satisfied merely to control a disease that once claimed its tens of thousands of victims — and still takes too many lives. It killed 528 people in Florida during 1950. It put hundreds more in hospitals "taking the cure." But is **eradication** possible? How long would it take?

The best experts in tuberculosis say that the **eradication** of the disease is not only a possibility in our time — it is a probability. It will depend upon the zeal of our Florida citizens to carry out their ordinary obligations. It will require state-wide teamwork with no citizen exempt from service. Especially will it require the cooperation of the medical profession, public health personnel and all social agencies. Since the life blood of such a program is often money, and since money is appropriated by the Legislature, it is imperative that the chief law-making officials be properly informed of the aims and needs of the program. New skills and new drugs bring with them the hope and realization of **eradication** — if they are applied to the limit. It must be emphasized that the more vigorously the measures are applied, the quicker will **eradication** be a reality and the costs disappear. These results can be realized within or before 20 years if our plans can be carried out to the fullest degree.

FLORIDA HEALTH NOTES

Published monthly except July and August on the 5th of the month by the Florida State Board of Health. Publication office, Jacksonville, Fla., headquarters of the State Board of Health. Entered as second class matter, Oct. 27, 1921, at post office, Jacksonville, Fla., Act of Aug. 24, 1912. It is intended primarily for individuals and institutions with an interest in the state health program, public and private. Permission is given to quote any story. Clippings of quotations or excerpts would be appreciated.

Tell Us What To Do

First and foremost, we must have an informed public. And by an informed public, we do not mean people who simply know the symptoms of tuberculosis. For frequently by the time the symptoms appear, the disease is well advanced. For an "informed" person, in the health sense, knows that he should have a complete physical examination each year, which should include a chest X-ray. If he can't or won't have such an examination, then our goal in the **eradication** of tuberculosis is:

AT LEAST, AN X-RAY EXAMINATION OF EVERY PERSON IN FLORIDA EACH YEAR FOR A NUMBER OF YEARS WITH ADEQUATE MEDICAL FOLLOW-UP IF SUSPICIOUS SHADOWS ARE NOTED IN THE X-RAY.

Sounds fantastic, you say? Not at all — for nearly one-half million Florida citizens were X-rayed in 1951.

The Florida State Board of Health and the Florida Tuberculosis and Health Association, leaders in case-finding and health education activities where tuberculosis is concerned, are glad to note that the mass X-ray surveys conducted in this state during the past five years have reached such a multitude of people. During that time almost every community in the state has been covered about three times, and even more frequently in some localities. It is estimated that approximately 70 per cent of Florida's adult population has undergone X-ray examination and other tests to determine if they have a tuberculosis infection.

Florida has an excellent plan for tuberculosis control which includes readily-available X-ray facilities, an adequate number of beds for treatment of active cases and a well-devised plan for follow-up of patients once they are discovered or after they leave the hospital. It is reaching more people each year. The number of deaths from this disease are decreasing almost steadily year by year. The number of cases discovered in the early stages, where treatment is more effective and quicker, is increasing. There were 2,337 new cases uncovered in 1950.

There is still one serious problem, however, that threatens the effectiveness of the control program and makes **eradication** impossible at this time. That problem is the "unknown" — and often unknowing — victim of tuberculosis.

About 70 per cent of the adult population has submitted to chest examinations, many of them during the mass X-ray surveys. We know that a great majority were free of tuberculosis — at the time they were X-rayed. And while we would like to know that their lungs were “trouble free” in 1952 and 1953 — and so on — a more urgent problem and one that throws the figures out of balance and leaves the picture incomplete is that missing 30 per cent of the people who have never had the quick and painless X-ray examination designed to locate lurking tuberculosis.

And there is the trouble spot. How many cases of tuberculosis do we have in that missing 30 per cent — how many “unknown” cases that will not stand revealed until the symptoms become so pronounced they can no longer be ignored? To how many other people will these walking “seedbeds of infection” transmit the disease? An authority in case-finding and diagnosis has estimated that in that missing 30 per cent of the population **lies equally as much tuberculosis** as was discovered among the 70 per cent already examined. So you can see that the task of locating those “walking seedbeds” is one of the primary purposes of a tuberculosis control program which is working toward **eradication** of the disease.

Nothing less than a TOTAL testing program of all the population will reveal these potential carriers. Are we ready for a TOTAL testing program? Is it time to start working toward that end? The answer must come from the people themselves. Are they ready to volunteer for the tests in greater numbers than ever before? Are they ready to bear the cost of **eradication**? For there are a lot of things to be considered when we talk about a tuberculosis control program, in addition to mass X-ray surveys.

An Important Way

The biggest single weapon in the fight against tuberculosis has been the X-ray machine. A doctor may suspect a person has the disease, or even know it from finding the germ of tuberculosis in the patient's sputum, but the extent of the infection can only be verified by an X-ray. X-ray examination of men entering the armed forces disclosed that many of them who had never had any symptoms were suffering from tuberculosis and in the normal course of events would have “broken down” with the disease in the near future.

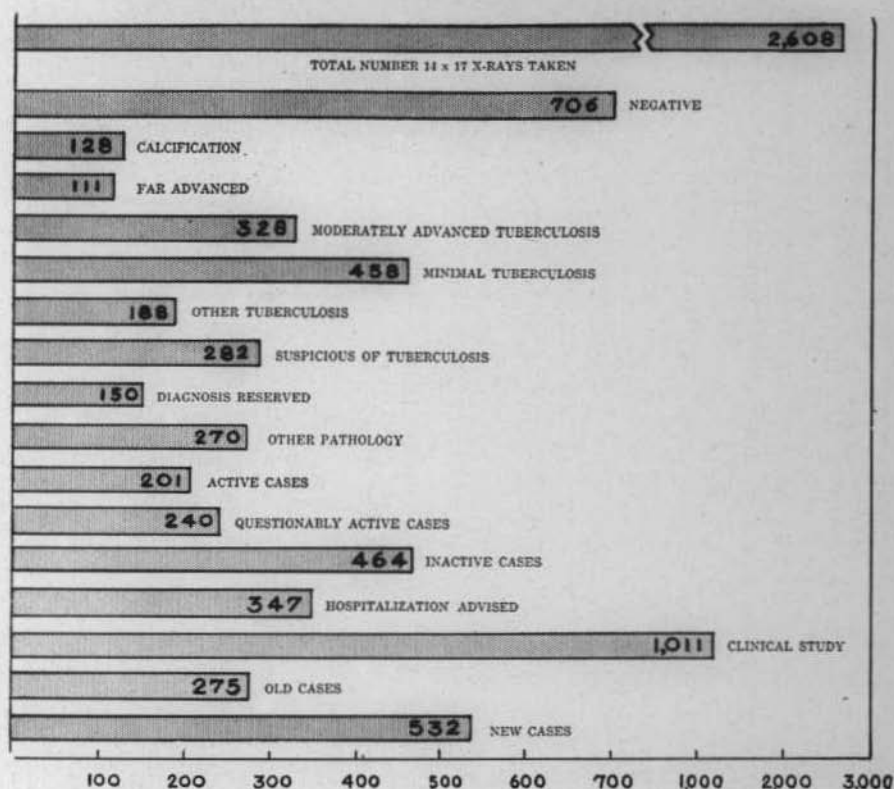
A survey held in Savannah, Georgia, in 1945 set a pattern for **community-wide** surveys throughout this country. Since that time, hundreds of thousands of cases of tuberculosis have been discovered by this method. It might be added that of those thousands of cases discovered, about 20 per cent were actually in need of hospital treatment. Others were already under treatment at the time the X-rays were taken (some quirk made them come to take part in a mass X-ray survey); others with only a suspicion of tuberculosis needed to be followed with other X-rays from time to time to make sure they did not develop active signs of the disease. Of course, the latter were instructed as to the best methods of caring for themselves to prevent a breakdown.

Here in Florida, the mass X-ray survey program has been in progress for about 5 years. During that time, more than 13,000 cases of tuberculosis have been found. Of that number 4,360 persons had the disease in the active or questionably active stage. Incidentally, our number of discovered cases is in excess of that which the tuberculosis experts predicted on the basis of early results.

There are other ways that X-ray is used in finding tuberculosis besides the mobile X-ray units which roll into town. Many cities have free chest X-ray clinic facilities; all inductees in Selective Service are examined; many hospitals require that all new admissions have this service; industries frequently require chest X-rays of all new employees; and of course, the office of the private physician discovers many cases, as does the Veterans Administration.

Curiously enough, X-rays find many other conditions in the chest beside tuberculosis. Approximately one case of "other pathology" is found for every case of tuberculosis that is discovered. This includes such things as evidences of heart disease, tumors of the lung (including cancer) and other abnormalities. Persons in whom such conditions are found are visited and urged to see their family physician immediately. While the majority follow this advice and discover important disease conditions that are present, it is amazing how many of them completely disregard this advice, especially if they had no outward symptoms of this inward trouble.

14x17 X-RAY RESULTS FROM THE MASS X-RAY SURVEYS, 1950



Local Helpers

The directors of county health departments and the public health nurses are, by law, required to concern themselves with tuberculosis, since it is a communicable disease. In our 65 county health departments (only St. Johns and Collier do not have one), you might call this personnel the infantry in public health. They must protect those in the community who are free from the disease. They must coordinate their activities with other agencies in the community, such as the local Tuberculosis and Health Association, the District Welfare Board, and the local welfare agencies, as well as the Bureau of Tuberculosis Control of the State Board of Health. For not only must tuberculosis be discovered, but the best disposition of each case must be decided upon, relatives and friends X-rayed, and after discharge from a tuberculosis hospital, it is felt that close medical supervision of an arrested case should be continued for a period of 4 to 5 years.

One of the most important persons in the control of tuberculosis is the public health nurse. In her everyday rounds into the homes of the citizens on her particular "beat," she may see someone whom she suspects has tuberculosis and explain why they should go to their family physician or a clinic. By the nature of her friendly and intimate contact with people, she may be the one who counsels a patient to accept hospital treatment. She may refer families to the proper agency for help while the breadwinner is in the hospital. Hostile or suspicious relatives may yield to her urging to have an X-ray. Her work is thought so important that an arrangement has been worked out between the Division of Public Health Nursing in the Florida State Board of Health and the State Tuberculosis Board whereby many county health department nurses exchange experience with those nurses working in the tuberculosis hospitals. They are given intensive instruction in the various phases of the work that has to do with tuberculosis. This promotes a better understanding of both the hospitals' and the county health departments' activities. Its direct result is an improved ability to interpret to patients the activities of each organization.

Back To The Subject

When we talk about the **eradication** of tuberculosis as a community problem, we have to think not only in terms of getting every person to have a periodic chest X-ray examination, but also when a case of tuberculosis is found, the following factors must be considered:

1. determine whether the disease is active and infectious;
2. get the active, infectious case to accept hospitalization and treatment for the arrest of the disease;
3. effect the isolation of chronically infected cases in order to prevent spread of disease;
4. follow the course of the disease by means of X-ray and other tests in arrested cases and in persons having inactive tuberculosis and help them to keep from being reactivated;
5. seek out and examine all contacts of active cases to find undiscovered cases and to follow the other contacts until we are reasonably sure that tuberculosis will not develop at this time.



Backed by thousands of large X-rays, these workers are engaged in keeping the Central Case Register up to date.

When You Find Tuberculosis

The Bureau of Tuberculosis Control in the Florida State Board of Health maintains a confidential case register to provide information on the whereabouts and status of every tuberculosis case within the State boundaries. Since persons with tuberculosis move about from one county to another the case register provides us with a clearing house. A similar local case register in each county for the use of the County Health Department staff is a constant visible reminder of work to be done; home visits to be made to get Mrs. Smith in for an X-ray; take a sputum specimen bottle to Mrs. Doe; do a tuberculin test on Bobby Jones; see if Frank Smith is observing isolation precautions, and try to make Bill Green understand why it is important for him to go to the tuberculosis hospital.

As most of you know, these mass X-ray surveys are done with a 70 mm X-ray camera. These make a small picture which is used as a "screening device"; that is, a trained person can tell from looking at these small films if any abnormal condition in the lungs exists. If he believes that it does, then a large 14x17 X-ray is requested so that a more detailed study can be done. Frequently this is done in a local physician's office, or at a clinic. But in certain areas in Florida the State Board of Health makes another contribution. Operated by a skilled technician, a port-


able, large film X-ray machine is made available at regular intervals, on a continuing schedule, to those counties lacking this equipment for the X-ray follow-up of thousands of cases, suspicious cases, or contacts each year.

The X-rays must be viewed and interpreted and a report on each film sent to the county health departments to serve as a further guide for the health officer and the public health nurses. This service is also offered to private physicians, many of whom avail themselves of it. The Florida State Prison at Raiford receives this specialized attention, too, as well as routine X-ray examinations on all new admissions.

From the earliest beginnings of the modern treatment of tuberculosis almost all facilities were collected in institutions devoted to the treatment of this one disease. Few doctors outside of such hospitals undertook to treat the disease. The treatment is prolonged and costly and usually beyond the reach of any but the well-to-do. Consequently cities of even two to three-hundred-thousand population might have no more than one or two physicians specializing in tuberculosis, and small communities might have none who could advise patients on all the various aspects of the disease.

This need has been met in Florida with reasonable success by establishing **regional tuberculosis consultation clinics** in certain areas throughout the state, under the direction of a physician trained in methods of diagnosis of tuberculosis and related problems. The tuberculosis clinician travels constantly over the state working with health officers and public health nurses, giving consultation to hundreds of individuals and special tests for the diagnosis of tuberculosis. Typical of the many situations which have to be faced are the following:

A man with active tuberculosis has been reluctant to go to the sanatorium. He has two children. His X-rays are reviewed for him, the laboratory evidence to support the diagnosis is demonstrated. The danger to his children of continued exposure is made plain. He is invited to ask questions about himself, his family, the hospital, his chances for cure. In all likelihood the public health nurse or health officer has already answered many of his questions before but the repetition is necessary in this case. It is very hard to accept the reality of a disease which will probably separate him from his family for many months.



Another case is that of a young woman whose X-ray is inconclusive. Special clinical and laboratory procedures such as laryngeal swab culture, gastric lavage, (stomach washings), blood sedimentation time and others are provided. Occasionally some disease other than tuberculosis is found to be the cause of symptoms which suggested tuberculosis.

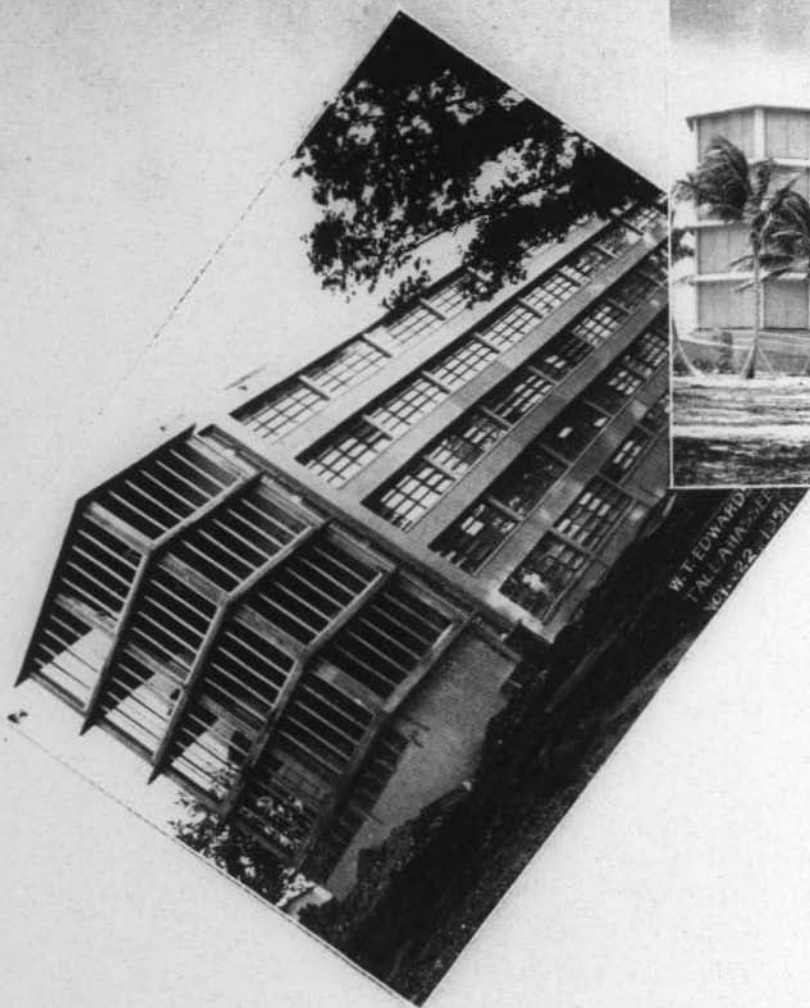
Still another case might be a young man recently discharged from the tuberculosis hospital who wants reassurance and advice. His films are gone over with him. Evidence is presented to assure him that his disease is under control. He is questioned about his habits of eating, resting and exercising. Our interest in him encourages him to follow our instructions and those of the hospital physicians.

Often some man or woman will storm into the clinic demanding that they be let alone. Such persons consider a visit from the public health nurse in the nature of an invasion of their right to privacy. Such persons are very patiently made aware of the reason for their county health department's interest. Usually these efforts are rewarded by changing a belligerent, uncooperative person into an understanding citizen. The consultation clinic physician coming in from outside seems to offer clinic patients something extra and it often provides the "clincher" necessary to obtain cooperation.

From the foregoing, it must not be assumed that this characterizes every situation. Most people affected respond intelligently and, under the direct guidance of nurse, health officer and private physician, accept treatment or follow-up and diagnostic tests.

It's Difficult To Understand

One of the hardest things for a tuberculosis patient to understand is why he must go to a tuberculosis hospital. You are asking him to leave his family, friends, job and community and go to a hospital where he will be subjected to a routine that he may thoroughly dislike, even if it will help him to get well. It has been the experience in the treatment of long-standing illnesses, among them tuberculosis, that the physical condition of these

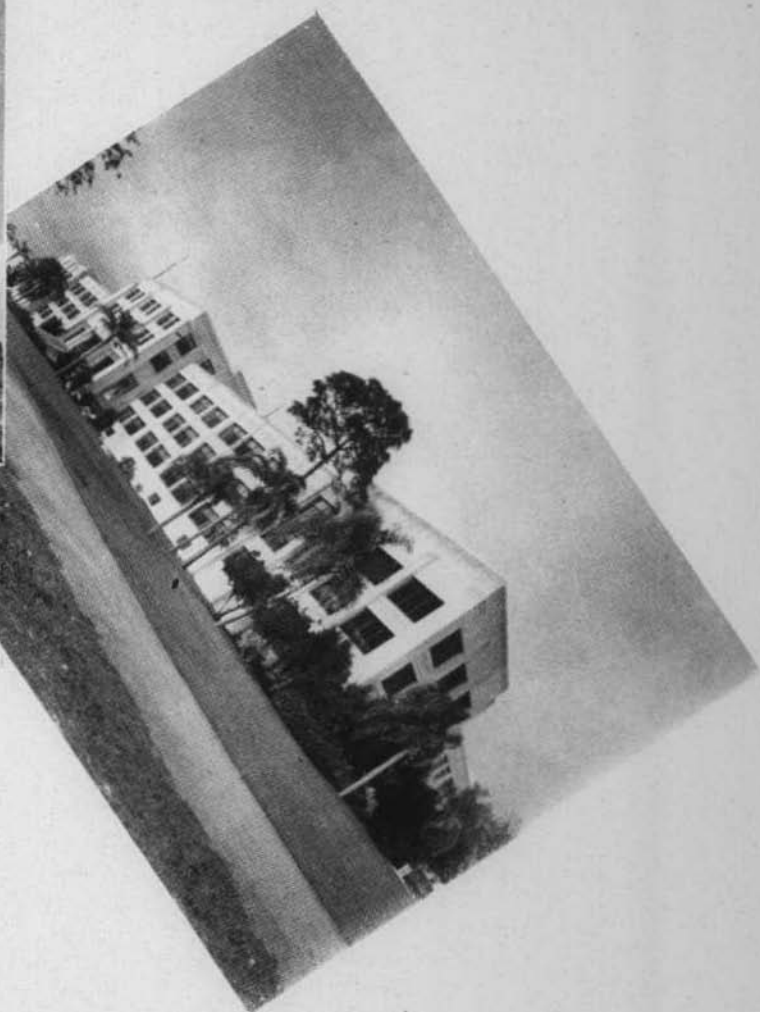


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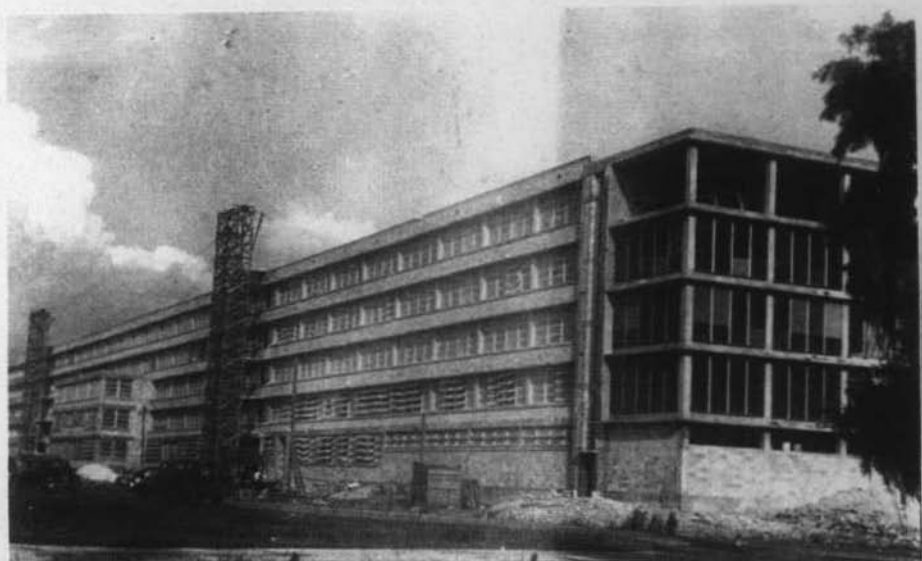
TALLAHASSEE

LANTANA

ORLANDO

MARIANNA

TAMPA



persons frequently affects their mental attitudes, sometimes to an extreme degree. More and more it has been found expedient to treat mental quirks before they upset the patient's program of recovery. The problems involved are many and require great skill and patience in the handling to save the patient from his own follies. Social service workers, of whom there are all too few, are trained to analyze the patient's troubles, and apply "psychological unction" to his disturbed emotions. It requires specially trained personnel. No one can succeed in this highly specialized work without some basic training in social service and human relationships.

Perhaps in no country is it so difficult to deal with the psychological aspects of patients as in America. The individual's right to think and act for himself sometimes runs counter to acceptable means of treating tuberculosis. Regimentation is always met with resistance. These obstacles must be overcome before a good result can be expected in treatment. Of recent years these tendencies have been aggravated by many things. The X-ray has found many early cases that were going through a benign state of the disease. Lay people sometimes can't understand why rigid rules are necessary for them when some of these very early cases can recover without following them. Rules for prescribed rest and exercise must be followed strictly.

The X-ray surveys have gone deeper into the population to find many old people with tuberculosis. People who once passed as having bronchitis, asthma, etc., offered one of the most fertile sources of this disease. Some old people do not take regimentation well. In southern states the chronically ill have, like the birds of migration, sought a more pleasing environment. Many of these "floaters" have had chronic benign tuberculosis (which usually does not incapacitate them) for years and are not only welfare problems but are generally well schooled in the art of resisting discipline when it is necessary to put them into a hospital to keep them from infecting others. This is particularly true in Florida where the climate attracts so many of this group.

It is to meet these many obstacles to peace and contentment in our hospital patients, that its social service, together with socially-minded physicians, nurses and personnel must direct a great deal of their attention and energies before a good result can be obtained in treatment. Before a good physical result can be expected, there must be a cooperative attitude and receptive mind on the part of the patient.

Our TB Hospitals

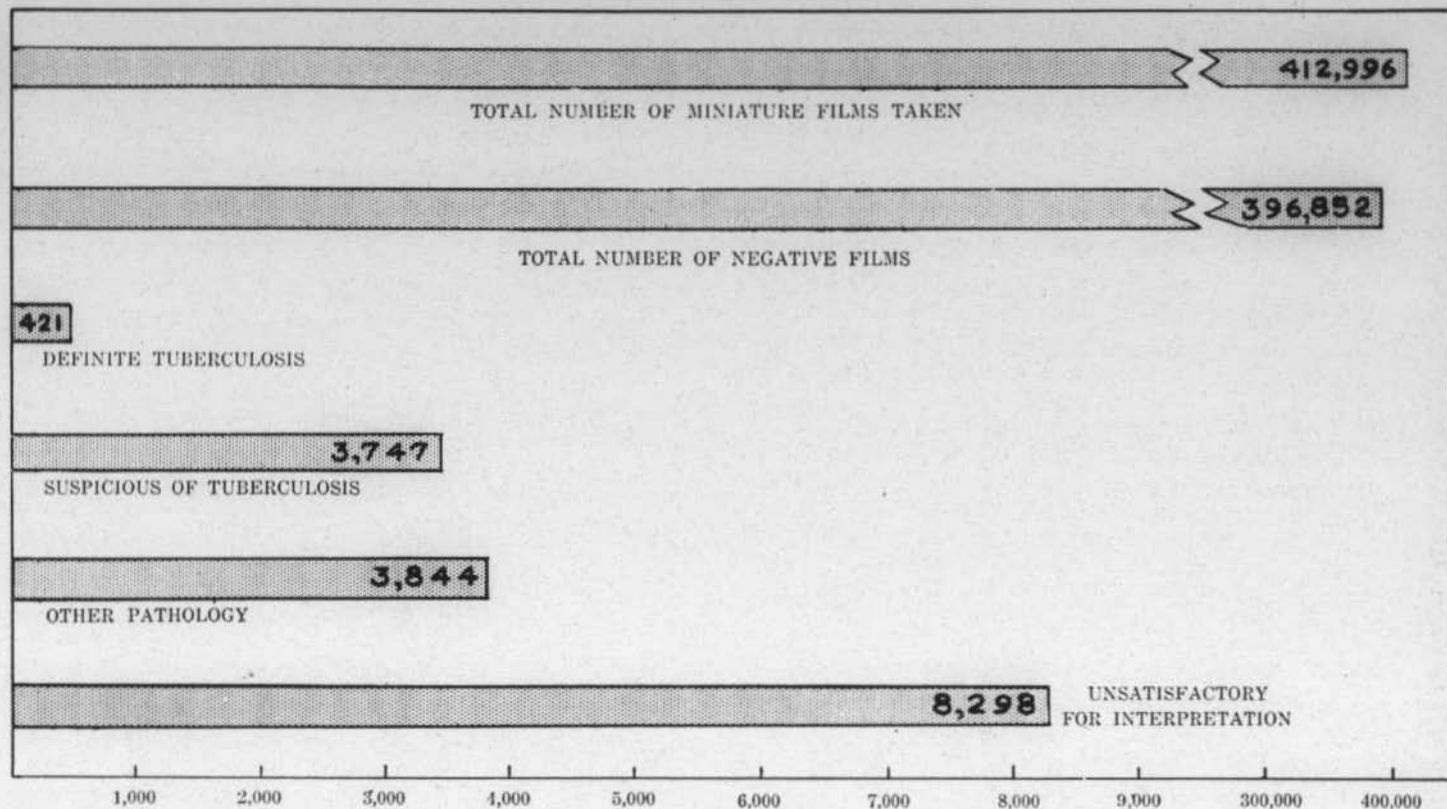
But people must go to tuberculosis hospitals in order to get well — and what is more important, they must be removed from the bosom of their family and their jobs and friends so they won't infect other people. It is almost a practical impossibility for the "open" or infectious case of TB to take care of himself adequately at home. It is the rare home that has the expensive facilities and personnel which are necessary to carry out isolation and treatment techniques. Hence — Florida's TB Hospitals.

In 1927 the Florida Tuberculosis Board was first established. This was in the midst of the great depression and progress was slow but finally a new hospital building near Orlando was begun and patients were first admitted in 1938. It was soon evident that this one small unit could not begin to take care of all the tuberculosis cases in Florida.

Accordingly, at the end of the war negotiations were begun and consummated for use of the abandoned barracks at Tampa and Marianna for tuberculous patients. There were 550 beds reactivated at Tampa and 250 at Marianna. Nearly 700 more patients were thus taken out of contact with the public in addition to the 350 already isolated and receiving treatment at Orlando. In spite of the rather mediocre type of treatment that could be given in these barracks hospitals, about 500 have gone home "arrested" and who knows how many new infections have been prevented by isolating the carriers of the disease.

At the present time there are about 1,700 tuberculosis patients in hospital beds in Florida, but we still have the unpleasant knowledge that approximately 2,000 are still at large and need isolation and treatment. Until every open case of tuberculosis is safely in a hospital bed we cannot say that our work is nearing completion. Further steps in this direction are the new hospitals in Tallahassee and Tampa which will be completed early in 1952. The Lantana unit was opened in 1950.

1950 MASS X-RAY SURVEY AND RESULTS



New Treatments

One of the most significant aspects of the recent treatment of tuberculosis has been the use of new drugs. New drug therapy has saved many hopeless cases and speeded the recovery of many early cases. The bed days of patients have been reduced over 20 per cent by these new remedies. But this new era has made necessary special nursing skills and specialized laboratory talents, with a marked increase in the size of the respective technical staffs. The volume of laboratory and X-ray work has been tremendously increased within the last 5-7 years. It is now necessary for any good laboratory to be able to culture tubercle bacilli from practically every patient, to repeat these cultures at intervals and to be able to determine when the bacilli become resistant to the drug. This requires more skill and time than ordinary examinations. Like any living thing, tubercle bacilli have the power to develop forces that will protect them from their foes. Tubercle bacilli become resistant when exposed to certain drugs for long periods of time. When this happens the drug loses its value in that patient. It is necessary to have specially trained bacteriologists to detect these subtle changes.

Next to the new drug therapy, surgery has developed rapidly and in some instances surpassed the work in the medical field. At the moment, surgery is becoming more extensive in the number of operations and in new surgical procedures until a great surgical specialty has been developed, mostly within the last ten years. These new procedures require infinitely more complicated equipment, more highly trained surgeons, nurses, anaesthetists, and laboratory technicians than was needed only a few years ago. More than anything else surgery has been responsible for the saving of "bed-days" the patient has to stay in the hospital if he is amenable to surgery. The only drawback is that only a minority of cases are operable at any one time.

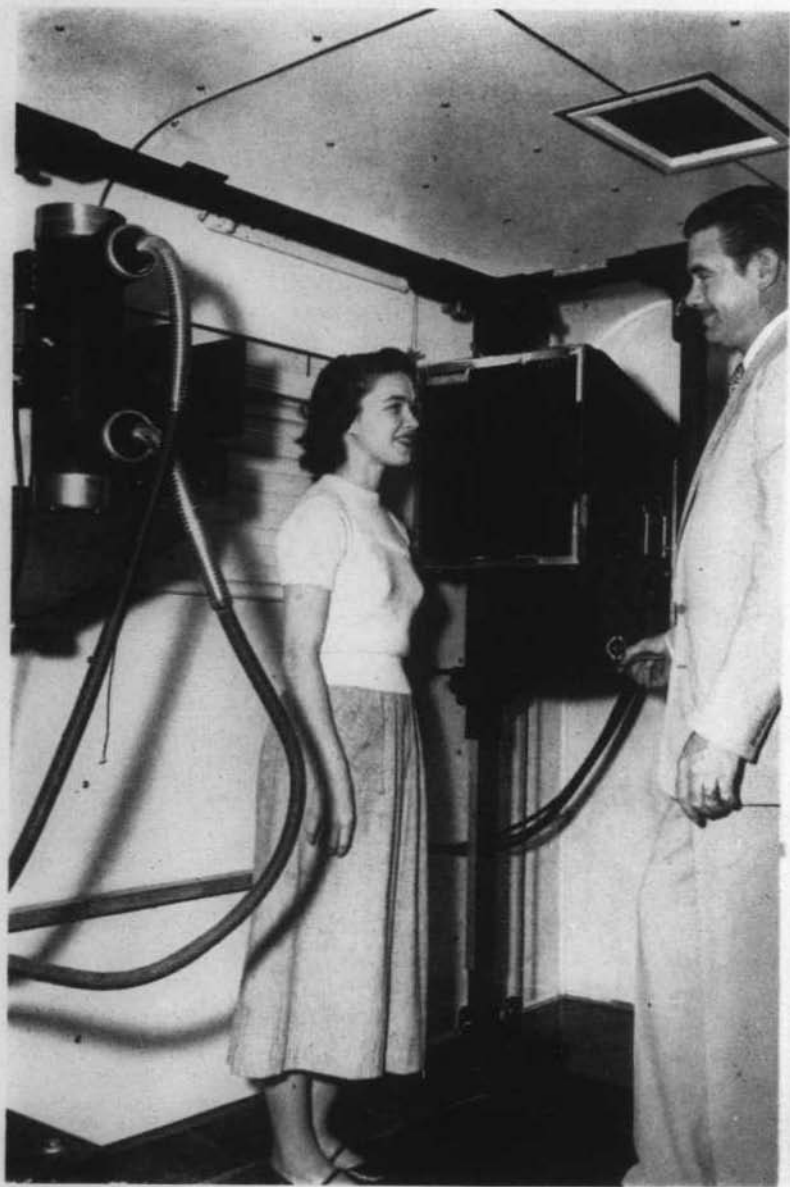
Take for example the new operation for cutting out sections of diseased lung tissue. Formerly the cases which could have benefited by this operation usually lingered on for 1-5 years and died. Now, not over 20 per cent meet this fate. It is a calculated risk, however, most anyone would gladly take when it is realized that 80 per cent get entirely well within about a year's time, thus cutting off months and years of bed days as well as restoring themselves to society and good health.

Of course, all these specialized services and drugs cost money. It takes approximately \$6.50 a day to maintain a patient in one of Florida's tuberculosis hospitals. And while this is a very economical figure compared to the \$15.00 per day the Veterans Administration estimates that it costs them to take care of a tuberculosis patient, it can easily be seen that this is quite a big investment to make in each individual patient. Aside from the humanitarian aspects, it is one reason why so much effort is made to keep patients from leaving against medical advice. If a patient leaves before he is an arrested case, his disease may become re-activated, and the money spent for his first days in the hospital must be spent over once again when he returns to the institution.

Another Aid

An activity that has offered itself to the therapy program and about which the State of Florida may well be proud is rehabilitation. Frequently, it is necessary for arrested cases of tuberculosis to choose a new vocation, as their old one may be unfitted to their new regime of activity and rest. During this final period of convalescence, the patients receive intensive health teaching as well as vocational training. Since the facilities at Marianna were so well suited for such a program, the Tuberculosis Board decided it was proper to allow a Rehabilitation Center to gradually supplement the hospital as patients from the latter were moved to Tallahassee to the new hospital. There was, in addition to the physical plant for trainees, close proximity to the Chipola Junior College, and the Florida Industrial School for Boys — all of these facilities have been made available for the training program. This work is under the direction of a trained person who is working in close cooperation with the director of the Vocational Rehabilitation Service of the State Department of Education.

As of this moment, there are only 23 trainees but as the hospital patients move out to Marianna, this number will be augmented to a hundred or one hundred and fifty trainees. There are already 35 trades and vocations being taught or contemplated, with others to be added later. Thus far the most popular training seems to be printing, where six trainees are registered. When



This shows an X-ray unit inside one of the State Board of Health's trailers.

these people complete their courses they will be in great demand by printing establishments throughout the state at salaries ranging from \$75-\$100 per week. In addition, the patients' newspaper and all Tuberculosis Board stationery is being printed by the trainees.

The main feature of this work is the salvage and restoration of human resources. It has a three fold advantage; humanitarian — by giving the patient a new and happy life and means of livelihood; social readjustment in his home and community; and re-creating a taxpaying citizen who, according to the Federal Office of Vocational Rehabilitation pays back more than ten times the cost of his training. In our tuberculosis hospitals they will practically pay for themselves in preventing readmissions because of maladjustment or improper preparation before discharge from the hospitals.

We Must Remember

What, then, are the essential features of a program for the eradication of tuberculosis?

FIRST: The private physician. A medical profession interested in the problem and familiar with the modern methods of diagnosis and treatment, who think of tuberculosis in terms of humanitarian aspects of the patients and of it being an infectious disease, can play a vital role in the control of tuberculosis.

SECOND: Community-wide X-ray service which every adult should take advantage of. The Florida State Board of Health's Bureau of Tuberculosis Control, in scheduling its mass X-ray surveys in cooperation with tuberculosis and health associations, county health departments and other sponsors, assigns its portable units to each location for a time calculated to make X-ray tests of EVERYONE in the area over fifteen years of age.

THIRD: Complete coverage by a consultant clinician, diagnostic X-ray and laboratory facilities easily available to all health departments and to all private physicians wishing to take advantage of this service.

FOURTH: A well-organized, active county health department with complete family records of all cases of tuberculosis, and a public health nursing service capable of teaching preventive measures in the home and maintaining effective contact between the patient, the private physician and the health department.

FIFTH: An adequate Tuberculosis Hospital system in which a bed is available for the treatment of every person who has active tuberculosis, regardless of his ability to pay.

The Florida State Board of Health and the County Health Departments, the Florida Tuberculosis and Health Association and its local affiliates, the Florida Tuberculosis Board, and many other organizations interested in health and welfare are working together to **eradicate** tuberculosis. What are YOU going to do to help?



Two of the mobile units are shown in front of the State Board of Health, all ready to "cover" Florida.



IN CASE YOU'VE FORGOTTEN

The outward symptoms of tuberculosis may be a single one or a combination of many. Persistent loss of weight, cough, night sweats, fever, blood in the sputum, loss of appetite, general weakness — these may mean tuberculosis, or they may indicate some other disease condition. Don't try to diagnose or treat yourself — go to your physician or clinic.

A number of Florida cities have free chest X-ray clinics. Your private physician may refer you, or you may apply in person. If your lung picture shows any abnormality, your doctor will be notified. If you don't know if such a facility exists in your community, ask your County Health Department.



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All counties in Florida have organized county health departments except
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FLORIDA HEALTH NOTES published by Florida State Board of Health since 1892



Florida

HEALTH NOTES

STATE BOARD OF HEALTH

MARCH
1952

KNOW YOUR SWIMMING POOL

Vol. 44
No. 3

KNOW YOUR SWIMMING POOL

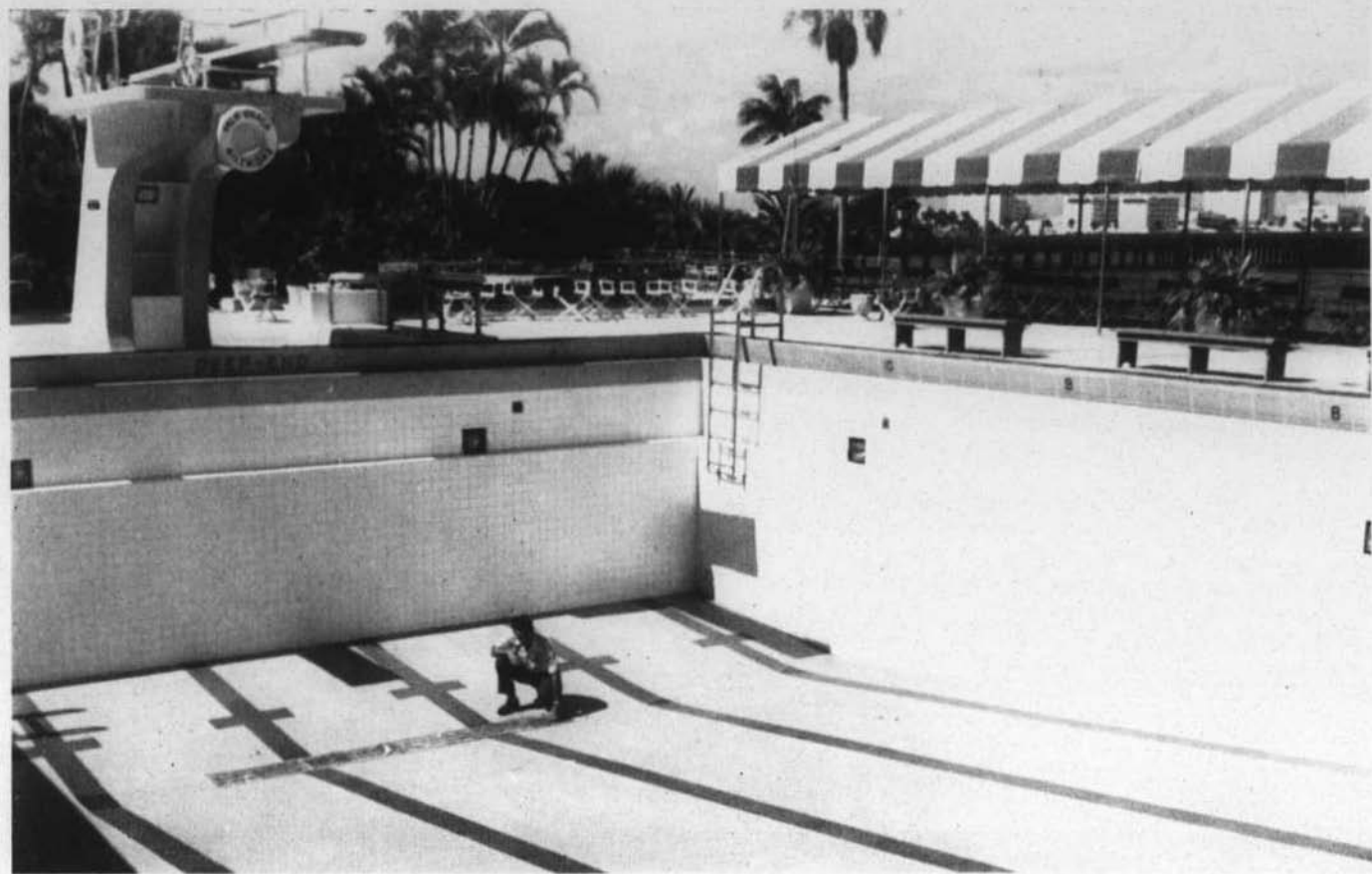
Don't Swim In It - If It Isn't Safe To Drink

Why should the Florida State Board of Health concern itself with swimming pools? Because it is entirely possible for diseases to be spread by bathing waters and their environment. The usual types of diseases which might be spread in this manner are eye, ear, throat and nose infections, skin infections — such as ring-worm, scabies, etc.; and intestinal diseases such as typhoid, dysentery and other infectious diarrheas. The latter may be transmitted by a carrier who is using a pool or stream and pollutes the water. Most swimmers take some of the pool water in their mouths whether they intend to or not. A major reason for our interest, too, is the law, which says:

"The State Board of Health shall have supervision over the sanitation, healthfulness and cleanliness of swimming pools, bath houses, public swimming and bathing places and all related appurtenances and may make and enforce such rules and regulations pertaining thereto as it shall deem proper." (FLORIDA STATUTES 1941, CHAPTER 514, SECTIONS 514.01 TO 514.08).

You may ask: "Isn't it entirely natural for us to swim and enjoy the water? Doesn't nature protect us?" No, for man is a land animal and his anatomy and physiology do not prepare him for an aquatic environment. When out of his normal sphere, if he forgets the limitations nature has placed on him or the fundamental laws that regulate his being he subjects himself to the likelihood of contracting the infections that frequently beset the swimmer. If man were an aquatic animal, he would be equipped with a water-and-cold-resistant skin, and flaps for closing body openings such as the ears and nose.

→ A sanitarian from a local county health department checks the main drain of one of Florida's many luxury swimming pools to be sure it is working properly. These periodic health department checks are necessary for certification of a safe swimming pool.




KNOW YOUR SWIMMING POOL

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Why should the Florida State Board of Health concern itself with swimming pools? Because it is entirely possible for diseases to be spread by bathing waters and their environment. The usual types of diseases which might be spread in this manner are eye, ear, throat and nose infections, skin infections — such as ringworm, scabies, etc.; and intestinal diseases such as typhoid, dysentery and other infectious diarrheas. The latter may be transmitted by a carrier who is using a pool or stream and pollutes the water. Most swimmers take some of the pool water in their mouths whether they intend to or not. A major reason for our interest, too, is the law, which says:

"The State Board of Health shall have supervision over the sanitation, healthfulness and cleanliness of swimming pools, bath houses, public swimming and bathing places and all related appurtenances and may make and enforce such rules and regulations pertaining thereto as it shall deem proper." (FLORIDA STATUTES 1941, CHAPTER 514, SECTIONS 514.01 TO 514.08).

You may ask: "Isn't it entirely natural for us to swim and enjoy the water? Doesn't nature protect us?" No, for man is a land animal and his anatomy and physiology do not prepare him for an aquatic environment. When out of his normal sphere, if he forgets the limitations nature has placed on him or the fundamental laws that regulate his being he subjects himself to the likelihood of contracting the infections that frequently beset the swimmer. If man were an aquatic animal, he would be equipped with a water-and-cold-resistant skin, and flaps for closing body openings such as the ears and nose.

 A sanitarian from a local county health department checks the main drain of one of Florida's many luxury swimming pools to be sure it is working properly. These periodic health department checks are necessary for certification of a safe swimming pool.

Water conducts heat away from the body about twenty-five times as fast as air does. The fluctuating pressure caused by diving or by underwater swimming may force infective matter (sometimes already present in the nasal passages) into the sinuses or inner ear. The protective solution of the eyes is removed when they are opened under water. Prolonged contact with water softens the skin and removes protective coatings lining the respiratory tract.

There are some few persons who should not dive or swim under water. If such a person went swimming by himself in sterile water there would still be the possibility of aggravating some condition which would have remained dormant had the person stayed in his natural environment.

Why Swimming Pools?

When you consider how much it costs to operate a swimming pool, the purpose for which the pool is operated must be considered. Many pools are not operated for profit, or even expenses, but are primarily a health and recreational service to the community, the same as other public park facilities. There is a charge for the use of practically all pools although a great many have some free periods for children. Charges are established to pay part of the expenses, to pay the entire expense, or to make a profit, according to the desire of the owners.

Most pools which are operated for profit are owned by private interests who cannot be expected to disclose the actual earnings. The fact that the majority of commercial pools remain under the same management year after year indicates that they are successful.

To Begin With . . .

If you, or your community, or a favorite hotel want to build a public swimming pool, triplicate copies of the plans, specifications, application forms and data sheets must be forwarded to the Bureau of Sanitary Engineering, Florida State Board of Health, Jacksonville, Florida.

These plans must have been prepared by a competent engineer, registered under the laws of Florida. This engineer shall affix his name and certificate of registration number to the plans.

The proper application forms and data sheets are available either in your county health department or at the Florida State

Board of Health in Jacksonville. If a swimming pool is to be built in a county employing a county sanitary engineer, the plans are usually routed through his office for a preliminary review before forwarding them to Jacksonville. This method saves time and often allows the owner and engineer the opportunity of sitting down with the county sanitary engineer and discussing the pool from all angles. This eliminates minor technicalities which might hold up the approval of the project after arrival in Jacksonville.

Minimum standards for swimming pool design and operation are those set forth currently by the American Public Health Association, except where they conflict with the provisions of the Florida State Sanitary Code. When final approval of the plans and specifications is given, one copy of all forms, plans and specifications are returned to the designing engineer or architect. The contractor may then proceed with the construction of the proposed new swimming pool. When it is completed, the management makes application to the Florida State Board of Health, requesting that an inspection be made of the completed pool. A county or regional sanitary engineer makes an inspection of the swimming pool. He sends in a report and upon receipt of this form, properly filled out and certified by the sanitary engineer who made the inspection, the State Board of Health issues the applicant a swimming pool permit to operate. Permits to operate are now issued on a permanent basis; that is, annual renewal is not necessary. Periodic inspections are made by representatives from the Bureau of Sanitary Engineering or authorized county personnel, and if the rules and regulations as set forth by the Florida State Sanitary Code are not being complied with, then the permit to operate is revoked.

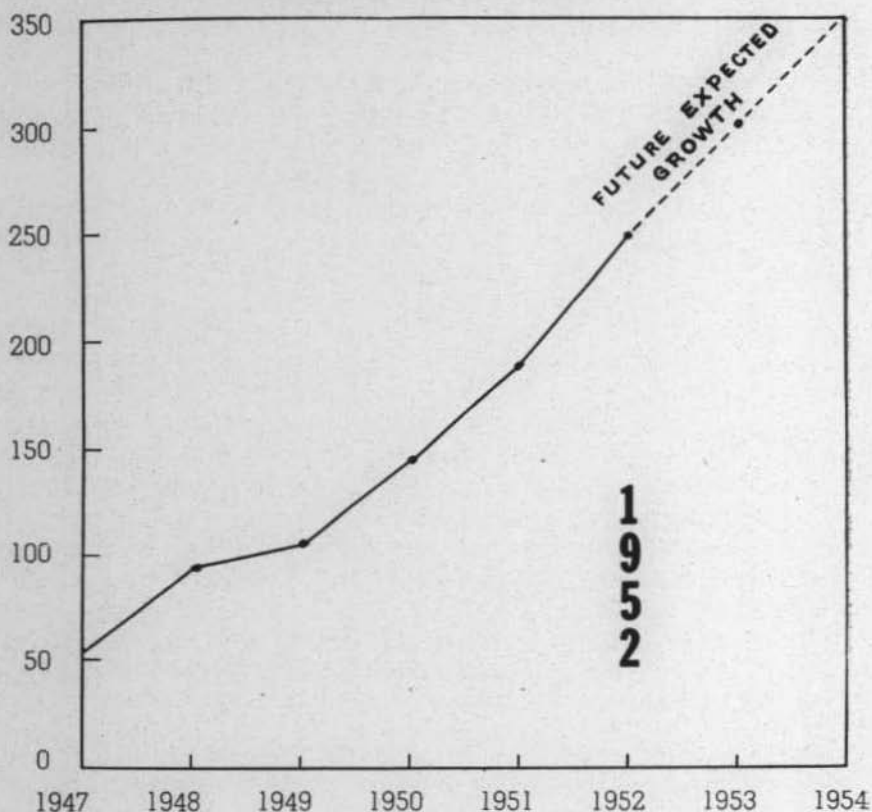
Number and Kind

Florida has approximately 250 permitted public swimming pools. Over 150 of these pools are located in Dade County. Two types of pools are permitted in Florida:

A) FLOWING THROUGH

Flowing through pools where cleanliness is maintained by circulation of water through the pool from some natural or developed source, but where the outflowing water is wasted.

NUMBER OF PERMITTED SWIMMING POOLS IN FLORIDA BY YEARS



B) RECIRCULATION TYPE

Recirculation pools in which circulation of the water is maintained through the pool by pumps, the water drawn from the pool being clarified by filtration before being returned.

Sixty per cent of our pools are of the **recirculating type** and forty per cent are of the **flowing through type**. Fifty per cent of our pools are salt water pools and fifty per cent fresh water pools.

Over 100 new swimming pools have recently been approved for construction but have not been completed or built. It is estimated that the permitted public swimming pools in Florida will exceed the 300 mark in 1952 and 350 or over in 1953.

How Much?

Are swimming pools expensive? Indeed, they are! The following are figures which were taken from our annual reports covering the past five years (1947-1951):

Average estimated cost per pool for 1947-48-49-50-51 was \$25,000.

Estimated cost of construction for all swimming pools permitted by the Florida State Board of Health during the years 1947-1951 was SIX MILLION DOLLARS. So you can see that swimming pools represent a considerable capital outlay. A pool to meet the minimum standards of the Florida State Board of Health and of any size at all will cost at least \$15,000 and then considerable improvement could be made in the finished project.

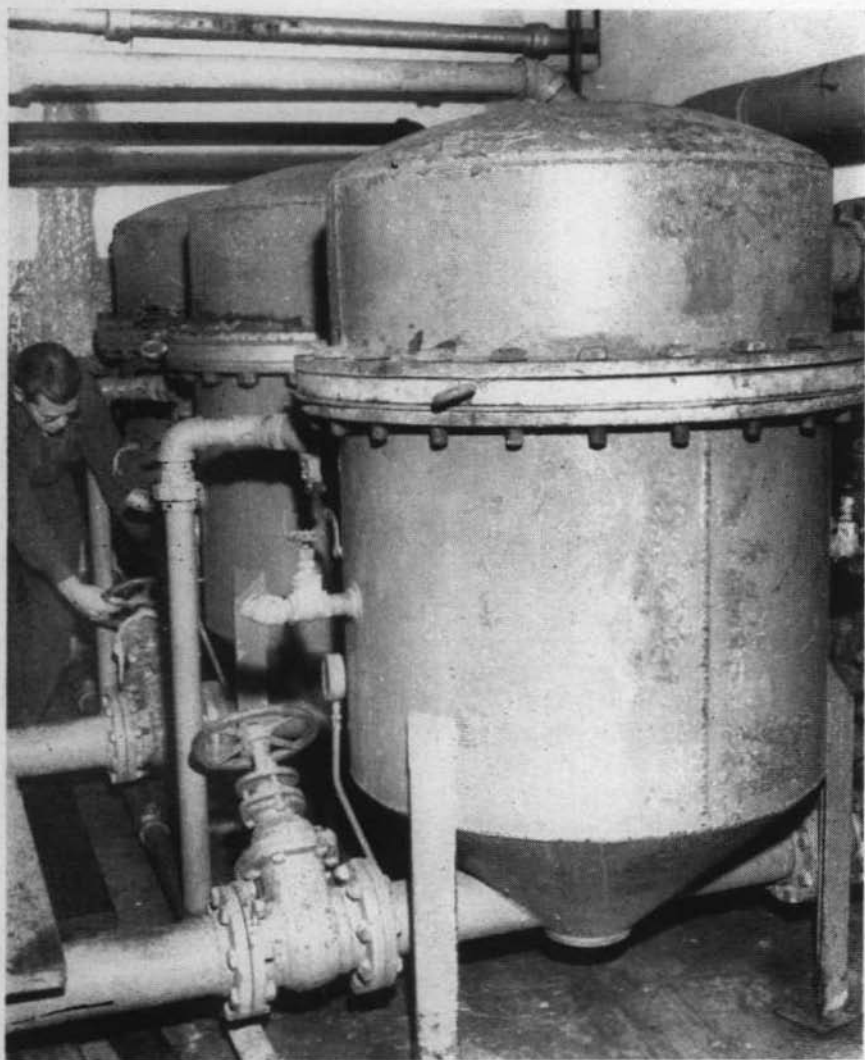
Many Factors

What does a pool consist of? Many people think of the old swimming hole or the dam down on the creek when a swimming pool is mentioned. A modern swimming pool consists of a CONCRETE TANK, a FILTER PLANT, a RECIRCULATING SYSTEM, a CHLORINATING or BROMINATING SYSTEM, other CHEMICAL FEEDERS, VACUUM CLEANING EQUIPMENT, together with a rather long list of other items which are essential. In addition there is the bath house or dressing rooms, with its shower rooms, toilet facilities and other features. As a whole, the modern swimming pool is a project which requires a rather large amount of knowledge for its successful operation. It is not something which can be operated in a haphazard way, for the public's health is at stake.

Every pool should be designed by a competent engineer or architect to meet specific local conditions. Pools should be designed so that a swimming meet could be held in it if desired.

A swimming pool is essentially a water-tight tank, and might be built in many different ways out of a wide variety of materials. Normally, outdoor pools are built of reinforced concrete. The shape of pools is varied. There are rectangular, circular, ovoid, kidney, clover leaf — and many other sizes and shapes.

FILTERING: It is absolutely necessary to have certain mechanical equipment in order to treat the water in a modern swimming pool successfully. In Florida it is required that the water be



These big filtering tanks help to purify water from a swimming pool so that the water may be used again safely.

filtered at least every six to eight hours. Thus, if the filters are operated on a 24 hour basis, a turnover of 4 is accomplished.

The law of purification states that if the ratio of the volume of clean water entering the pool to the total pool volume is represented by "T," and the figures 1, 2, 3, etc., represent the number of times the total pool volume is replaced each 24 hours, then

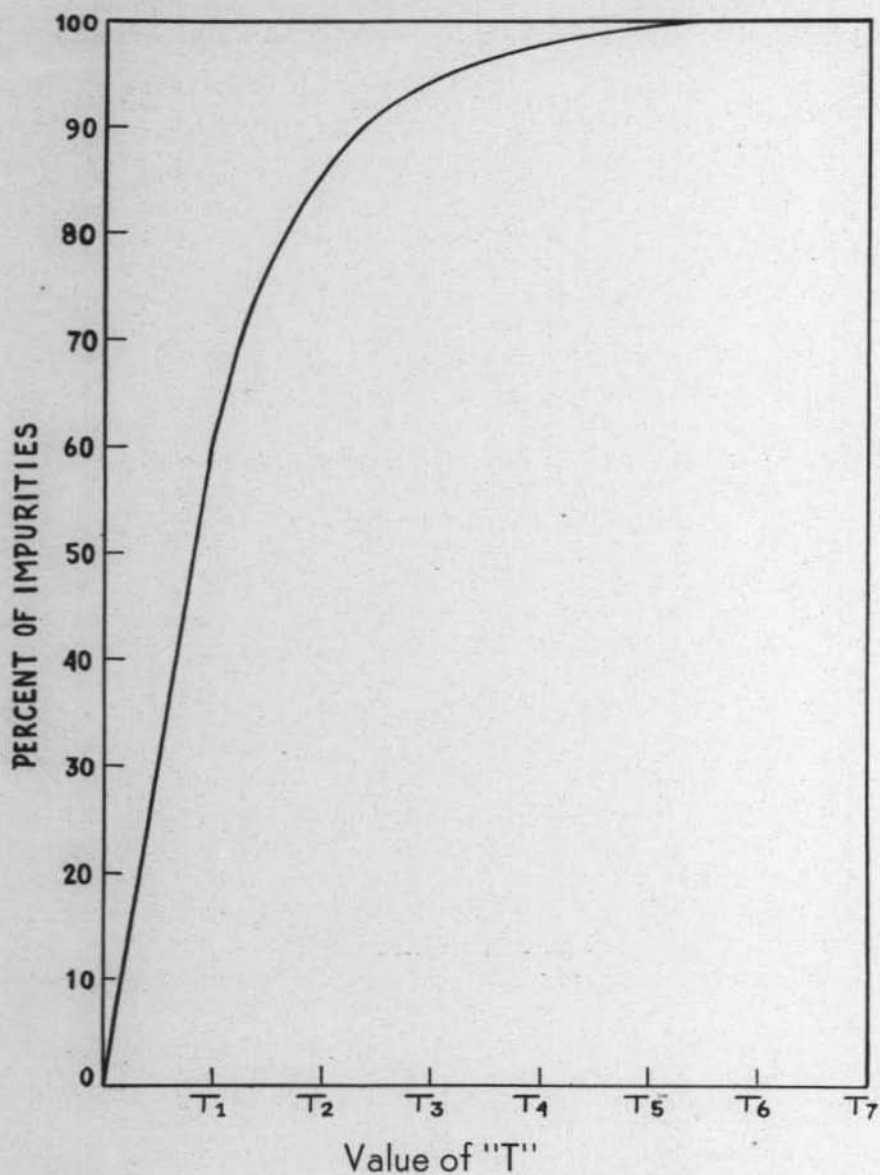
- T = 1 means that approximately 63% of dirt is removed;
37% dirt remains.
- T = 2 means that approximately 85% of dirt is removed;
15% dirt remains.
- T = 3 means that approximately 95% of dirt is removed;
5% dirt remains.
- T = 4 means that approximately 98% of dirt is removed;
2% dirt remains.
- T = 5 means that approximately 99.3% of dirt is removed;
.7% dirt remains.
- T = 6 means that approximately 99.7% of dirt is removed;
.3% dirt remains.
- T = 7 means that approximately 99.9% of dirt is removed;
.1% dirt remains.

The above calculations are based on the assumption that all (100%) of the dirt will have been removed from the water passing through the filters. Every pool must have modern facilities for filtering. The objectives of the filtering plant are as follows:

1. Removal of coarse material such as hair, lint, leaves, etc., which will otherwise interfere with subsequent treatment processes.
2. Addition of fresh water to make up for water lost by leakage, splashing, evaporation and skimming the pool, and also to fill the pool following emptying and cleaning.
3. Recirculation via pumping facilities so that all pool water passes through the treatment process at least once every 6 or 8 hours.
4. Addition of chlorine or bromine for disinfection.
5. Addition of alum to aid filtration.
6. Addition of soda ash (if necessary) to maintain proper alkalinity.
7. Filtration to remove any suspended matter in the water.
8. Provision for reversing flow through the filters, to remove the filtered matter to the sewer (backwashing).
9. Water temperature control.

Gravity sand filters, gravity diatomaceous earth filters, pressure sand filters and pressure diatomaceous earth filters are used in swimming pump systems. More than 60% of the permitted public pools in the state are equipped with pressure filters.

CURVE OF CONSECUTIVE DILUTION



FORMULA:

$$\left(\frac{A}{B} = R\right) = T$$

DILUTION

- A—Gallons pool capacity
- B—Gallons pumped per hour
- R—Recirculation period
- H—Hours of daily operation

RECIRCULATION: The recirculating system consists of the pumps, hair catcher and filters together with all necessary pipe connections to the inlets and outlets of the pool. The water heater, the chlorinator or brominator, and the vacuum (suction) cleaner are also installed on or connected with the recirculation system.

PUMPS: Centrifugal pumps are preferable for swimming pool circulation, although plunger pumps are sometimes used. Electric drive is also preferable. When pipe lines from the suction cleaner lead to pump suction, a pump which will develop good vacuum must be used. When pressure filters are used, pumps must be designed which will deliver the required volume of water to the pool under all circumstances.

HAIR AND LINT CATCHER: The recirculation system should include a strainer to prevent hair, lint, etc., from reaching the filters and impeller of the pump. The best type of hair catcher consists of a metal chamber containing a removable strainer, so arranged that the water passes through the strainer from the outside. The strainer should be of a non-corrosive material with openings not more than 1/8 inch across. A slotted strainer is more easily cleaned than one which is perforated. The area of the strainer opening should be at least 10 times the area of the water inlets.

SUCTION CLEANER: A satisfactory method of removing the dirt, hair, etc., settling in the bottom of the pool is by means of a suction or vacuum cleaner. With careful operation a brush may also be used successfully. As suction cleaners are commonly operated by the circulation pumps, they may be classed as part of the recirculation system. Fixed pipe connections at least 8 inches below the water surface for attachment of suction cleaner to pump suction should be of ample size to reduce friction to a minimum, and the cleaner and all removable connections should be designed to provide a maximum velocity at the suction nozzle.

PIPING SYSTEM: The piping system should be properly designed to reduce friction losses to a minimum. Pipe capacities should generally be at least double the theoretical value. Flange joints or unions should be inserted at intervals to permit any part of the system to be taken down quickly for cleaning or repairs. A pump and blow-off should be provided at the lowest part of the system to permit removal of any accumulating iron rust. Openings should be provided for insertion of gauges to permit vacuum or pump suction and pressure at discharge to be determined, should a study of the recirculation system be desirable. It is advisable also to make provision for insertion of meters for check-

ing the actual volume of water passing through the system under working conditions. Outlets should be provided for obtaining samples of the water as it leaves the pool and after filtration for purposes of laboratory tests.



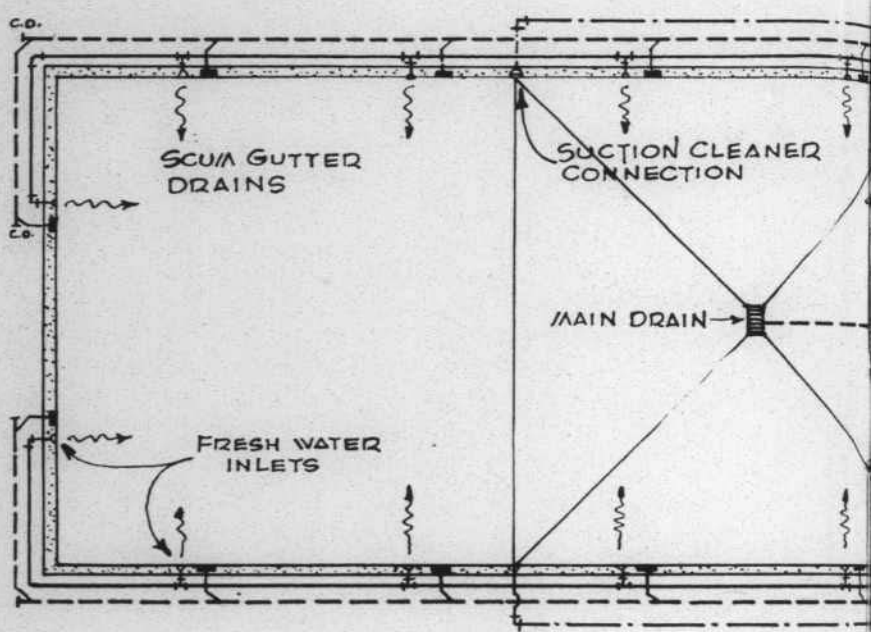
This glass-domed chlorinating device adds just the proper amount of chlorine gas to waters in the swimming pool. It serves to kill harmful bacteria before they can infect people using the pool.

INLETS AND OUTLETS: All pools should be provided with an outlet at the deepest point of sufficient size to permit the pool to be completely drained in 4 hours or less. Inlets for fresh or re-purified water should be located to produce so far as possible uniform circulation of water and the maintenance of a uniform chlorine residual throughout the entire pool. Each inlet should be designed so as to admit the volume of water required at that particular point to obtain the best circulation.

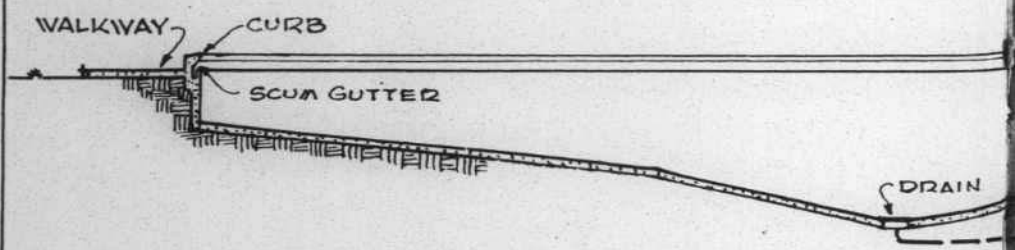
OVERFLOW GUTTERS: Overflow gutters should extend completely around the pool. The design of overflow gutters should be such that water entering will not be washed out by a sudden surge of entering water, and that danger of bathers catching arms or feet in them be reduced to a minimum. The edge of an overflow gutter should be designed to serve as a handhold for bathers. Gutters should, therefore, be sufficiently deep in order that the bathers' fingers will not reach to the bottom. Sufficient opening must be provided to permit easy cleaning of the gutters.

DISINFECTION: The pool water must, at all times, be of proper sanitary quality so as to overcome any possible danger of disease transmission. In order to maintain the water in this condition, disinfection is required (in addition to filtration) to destroy all harmful bacteria, as well as to impart to the water a residual disinfecting power which will destroy the bacteria as soon as they are introduced into the pool. **OUR MOTTO IS: IF YOU CAN'T DRINK IT — DON'T SWIM IN IT.** The addition of either chlorine or bromine by means of suitable apparatus is today the most widely used method of pool disinfection. It makes possible not only the disinfection of the entire body of water in the pool, but also maintains in the pool water a chlorine or bromine residual that will counteract dangerous contamination introduced by the bathers. By use of the proper disinfection apparatus it is also possible to vary the dosage to compensate for changes in the number of people using the pool.

ALUM AND SODA ASH FEEDS: The function of alum is to coagulate finely divided matter into larger particles which are then readily removed by the filters. The coagulant, (alum) when added to the water, reacts with the alkalinity present, to form an insoluble jelly-like matter. This jelly-like substance called "floc" attracts the finely divided matter, including organic matter, possibly some color and most bacteria. The floc is then separated from the water by the filters so that the water leaving the filters is clean, clear and sparkling. The coagulant usually employed is crystal potash alum, ammonium alum, or sulfate or alumina, depending on the type of feeding equipment employed.

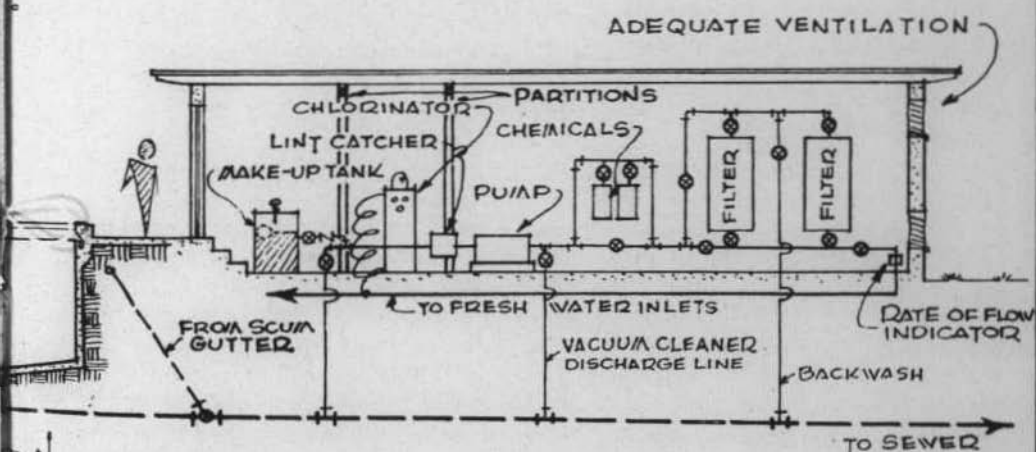
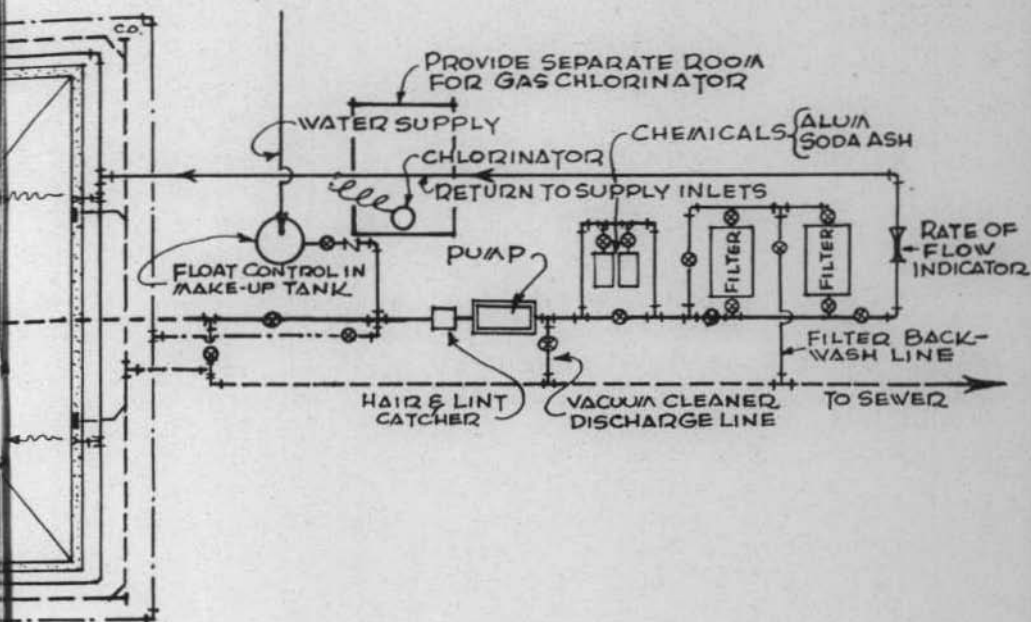


• PLAN



• SECTION

• A TYPICAL RECIRCULATION TANK
• HAVING PRE



ON • SCHEMATIC

ING • SWIMMING • POOL •
SURE • FILTERS •

1-10-52 C.T.

As these coagulants tend to exhaust the natural alkalinity of the water, it is necessary also to add an alkaline substance to maintain the proper degree of alkalinity. Depending on the type of feeding equipment employed, either sal-soda or soda ash is used to furnish the necessary alkalinity.

Guess you didn't know that there were so many items connected with a swimming pool, did you? But there are even more! Read on —

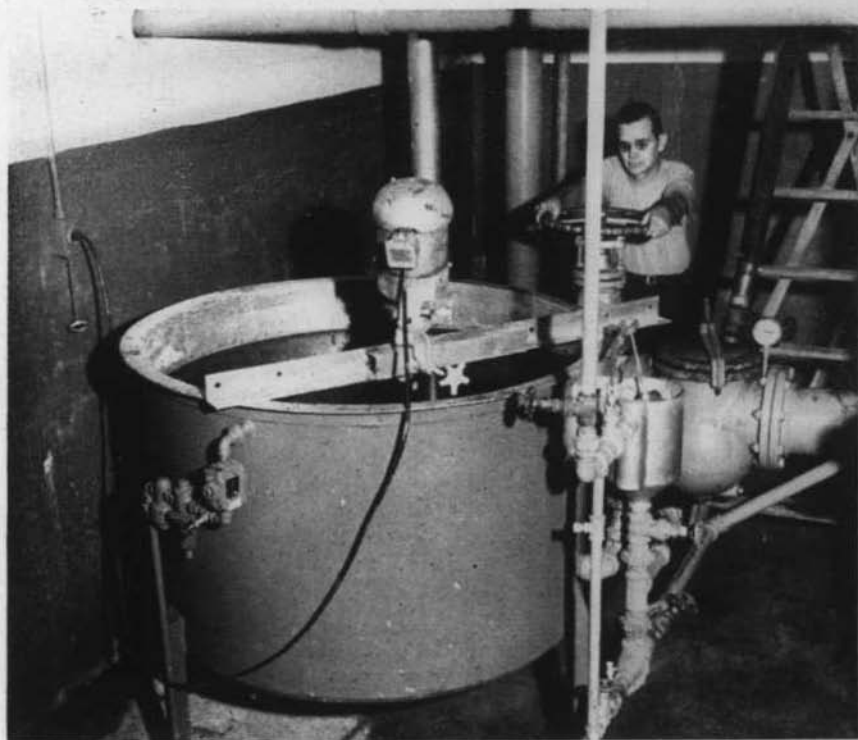
What About Private Pools?

The unfortunate part about private pools is the fact that often the owner, builder or contractor has never seen a modern swimming pool and consequently knows nothing about the mechanical function of one. Probably the biggest problem of private swimming pools is the lack of design and equipment with which to operate the pool satisfactorily. Intermittent operation and lack of proper supervision is the next contributing factor. Therefore, we have many private pools as well as a few old public pools which are nothing more than overgrown bathtubs. They have one inlet and one outlet with no circulation, disinfection, or new water being added. Two of their most serious problems are: algae and bugs.

ALGAE: Belong to the plant kingdom as they contain chlorophyll and are capable of manufacturing their own food. They inhabit the globe from the tropics to the polar regions. Algae are found in the hot springs of Yellowstone Park, in the Great Salt Lake and the ocean, in damp places on walls and trees, and in fresh water lakes and ponds. They are one of the most widely distributed members of the plant family. The class of algae which usually invade swimming pools are the yellow-green algae which inhabit fresh water.

Algae are one-celled plants which live singly or attached in colonies. They reproduce by single division, or form spores which can be carried by the wind and birds. Algae will gain entry to a pool and, if the temperature of the water is favorable, bloom, and in a day or so the pool water will be the consistency of thin pea soup. This condition is especially true if the pool is a fill and draw type pool with no fresh water being added continuously. Proper recirculation and disinfection plus possibly a small amount of an algicide will prevent this problem.

BUGS: Not all outdoor swimming pools have an insect problem, or perhaps we should say that many pools are so carefully



It takes a lot of machinery and trained people to keep a swimming pool sanitary. Here an operator turns a valve which sets in operation a "high cap" feeder tank used as a part of a purifying process at a big outdoor swimming pool. To the right of the big round tank is a bulbous bulge in the pipeline with a cover on it which serves to trap hair, lint and other foreign matter which might clog the filters.

cared for that insects never become numerous. If sediment is kept off the floor, the wall surface cleaned every two or three days and kept free from algae and insect eggs, then insects which breed within the water have little opportunity to multiply.

No form of animal life can live very long without food. No form of aquatic insect life will stay long in a pool of water where there is no food. To keep a pool clean so there is no food within the pool for insects is a most difficult job. To do so, the floor must be cleaned two or three times each week. Side walls must be brushed equally as often to remove any algae or insect eggs. All floating matter should be removed two or three times daily, so the soluble extracts from leaves, grass, and dead bugs do not find their way into the water.



This big outdoor pool (at the University of Florida in Gainesville) has the modern equipment and trained operators to make it safe for students to use.

Some Special Problems

OPERATION: The major factors in the operation and maintenance of swimming pools are safety, upkeep, low replacement costs and low operating costs. Some of these matters are administrative decisions made after the completion of the pool; many of them go back to the construction and design of the pool.

The paramount consideration in the operation of swimming pools is safety and health of the bathers. The lives, well being, and the health of those who use the pool are in trust to those who operate them. The following is a list of some of the important items that have to be considered:

1. Excluding persons who have obvious or known infectious conditions. Persons with nasal drainage or discharging ears, or those suffering or just recovering from a cold, and those with skin infections should not be permitted to use the pool.
2. Maintaining the bath house in a sanitary condition.
3. Swimming pool and lifeguard attendants should be capable swimmers, competent in life-saving methods and in methods of artificial respiration.

4. No bather should be permitted to enter the pool room or pool enclosure unless an attendant or other competent person is present. "Solo" bathing should be absolutely prohibited at all pools.
5. Whenever a pool is empty of water, entrance of all persons, except pool attendants, must be prevented.
6. All persons using a swimming pool must be required to take a cleansing shower bath in the nude (using warm water and soap and thoroughly rinsing) before entering the pool room or enclosure. A bath after donning a bathing suit should not be permitted.
7. A bather leaving the pool room or enclosure for any reason should take a foot bath before returning. A bather leaving pool to use toilet should be required to take a second cleansing shower before returning.
8. All bathers should be instructed to use the toilet, particularly to empty the bladder, before taking cleansing bath and entering the pool.
9. Persons having any open blisters, cuts, etc., should be warned that these are likely to become infected and also should be advised not to use the pool.
10. Spitting, spouting of water, blowing the nose, etc., in the pool should be strictly prohibited. Bathers should be instructed that the scum gutter is provided for expectoration.
11. All bathers should be instructed that blowing the nose to remove water is likely to force infectious matter into the sinus and inner ear cavities and possibly cause serious consequences.
12. No boisterous or rough play, except supervised water sports, should be permitted in the pool, on the runways, diving boards, floats, platforms, or in dressing rooms, shower rooms, etc.
13. The sale of food, drink, gum or tobacco in the pool area should be prohibited.

An additional problem in the operation of public swimming pools, after the procurement of an experienced operator and compliance with the above-mentioned items, is the lack of understanding by managers. Their attempt to save money invariably jeopardizes the operation of the pool. We have heard of some managers telling their operators to use only so many gallons of disinfectant per week, regardless of the number of bathers in the pool; thus sticking to such a budget can definitely jeopardize health.

DESIGN STANDARDS: It would be impossible to cover all of the design criteria necessary to build a modern swimming pool in this single issue of HEALTH NOTES. However, sufficient water must be available so that whether you have a flowing-through or a recirculating pool, 500 gallons of newly added or recirculated water can be added to the pool for each bather during the operating day. If the pool is open 24 hours, then this water is added during the 24 hour period. If the pool is open only 12 hours, then the water must be added during the 12 hour period. For example, if we have 100 bathers as an average daily load then 50,000 gallons of new or recirculated water must be added to the pool.

If filters are used, the filter capacity for recirculating pools should be provided to obtain a 6 hour turnover of the entire contents of the pool.

Design criteria for public swimming pools here in the State of Florida are available on request from the Bureau of Sanitary Engineering, Florida State Board of Health, P. O. Box 210, Jacksonville, Florida. Your written request will bring you the following material by return mail:

1. Copy of our latest swimming pool brochure.
2. Copy of the American Public Health Association booklet entitled "RECOMMENDED PRACTICE FOR DESIGN, EQUIPMENT AND OPERATION OF SWIMMING POOLS AND OTHER PUBLIC BATHING PLACES."
3. Sketch of a "Typical Flow-Through Swimming Pool."
4. Sketch of a "Typical Recirculation Swimming Pool."

We welcome requests for this information and if a public swimming pool is being considered, we will ask the regional or county sanitary engineer to drop by and discuss with you the Florida State requirements.

Recirculation Pools vs. Flowing Through Pools

Most of the pools built today use the recirculation system in which water is continuously drawn from the pool, passed through filters and other purification equipment, and then returned to the pool. This system requires only sufficient fresh water to make up for that lost by evaporation and through the overflow where the latter drain to the sewer. (See sketch of pool on center pages). A minimum of heat is required to keep the water at the proper temperature. Alkalinity and disinfectant control are more stable.



Ever see a vacuum cleaner that works under water? Here is one being used to remove trash from one of Florida's many big swimming pools to protect the health and safety of bathers.

and easier to handle, and if the cost of water is a considerable item, then recirculation is the only answer.

In our opinion the recirculating type pool is the only type of pool that should be considered for a public swimming pool. It is a small complete water treatment plant in itself and if provided with the proper equipment, and a good operator, clean water will be constantly in the pool. The quality of water produced by a public swimming pool should be as free from germs as drinking water.

With the "flow through" system, there is a continuous flow of fresh water into the pool and a corresponding overflow. Thus, disinfecting and heating costs are high due to the waste of water. This system may be used satisfactorily where there is an adequate natural flow of pure water which is free from hydrogen sulfide. This system may be economical for private or small public pools where the discharge water can be used for other purposes such as lawn watering.

In Florida many of our natural flowing well waters contain some hydrogen sulfide. Waters which contain sulfides are commonly known as "sulfur waters." Their most noticeable properties are their offensive, rotten-egg odor and marked corrosiveness.

Theoretically, 8.4 parts per million of chlorine are required for the removal of each part per million of hydrogen sulfide. This high chlorine consumption considerably increases the cost of disinfection at swimming pools of the flow through type, if they use chlorine as a disinfectant.

As an example: let us consider a large municipal pool utilizing artesian hydrogen sulfide water as a water source. This pool is of the flow through type.

Assume an average pool load of 300 bathers per day — this will require the addition of 300×500 or 150,000 gallons of new water per day. Assume the hydrogen sulfide content of the water is 3 parts per million and the chlorine residual desired (that which is left in to assure constant, stable disinfection) is 0.5 parts per million. Therefore, the total chlorine demand will be approximately 3.0×8.4 plus 0.5, or a total of 25.7 parts per million. This will require 32 pounds of chlorine per day. Figuring chlorine as 15 cents per pound (this figure is for gaseous chlorine, the most economical method) this would cost 32×15 or \$4.80 per day for disinfection. Without hydrogen sulfide in the water and a chlorine demand of approximately 1.0 parts per million, the chlorine cost would be 36 cents per day.

Wading Pools

Wading pools at their best are not very satisfactory from a sanitation standpoint. Observation of them will reveal that they are not really "wading" pools, since the children will invariably either sit down in them and dunk their heads under water, or else make attempts at swimming. If neglected, they become nothing more than small, grossly polluted "fill and draw" swimming pools. It is practically impossible to maintain a proper chlorine residual in such pools because of the effect of sunlight, heat and splashing in such a small body of water.

Some outdoor public swimming pools are designed with a section to be used as a wading pool. However, the depth of water at the shallow end of such pools is often greater than is safe for small children to use who are unable to swim. Even when the shallow end is satisfactory for wading, there is always the possible danger of small children venturing too far into deep water, where

they are soon in trouble unless help comes quickly. The occasional contamination of urine or stool, unavoidable with small children, is very undesirable in a larger pool. For these reasons, wading pools should preferably be made as independent structures. Where constructed as part of the swimming pool, the wading area, including walks, should be set apart by a fence.

Because of the large amount of sand and other debris carried into a wading pool, it is necessary to provide simple, accessible sand traps in the drainage system. Showers or fountain sprays are always enjoyed by the children and may be used as a water inlet. With wading pools, the quality of the water should be the same as for swimming pools and a constant chlorine residual should be carried. It is advisable not to recirculate the water from the wading pool, but to allow a continual waste to the sewer. This method lightens the load on the filtering equipment.

Red Eye Mystery

Alum is added (as we noted a few pages back), as a coagulant to water and it will eventually make the water acid unless an alkali is also added. The water in a swimming pool should never be allowed to develop an acid reaction; otherwise it will be irritating to the eyes and mucous membranes of the bathers due to the acidity and the presence of soluble alum in the water. Furthermore, alum will not coagulate to form necessary floc, unless an alkali is present in the water. Generally speaking, coagulation will be satisfactory when the addition of soda ash as alkali is controlled by the pH test. A simple explanation of pH is that it is a number between 0 and 14, denoting various degrees of acidity or alkalinity. Neutral water has a pH of 7.0. Values below 7 and approaching 0 are increasingly acid while values from 7 to 14 are increasingly alkaline. It is recommended that the pH of the swimming pool water be maintained between 7.2-7.6.

Chlorine may be supplied as a solution of chlorine gas in water or as a hypochlorite solution. All public swimming pools should have proper equipment for disinfection purposes. A chlorine residual of from 0.3 to 0.6 parts per million of free chlorine residual should be carried in the pool at all times. An average of 0.5 parts per million is usually maintained by most operators. Both the pH and the chlorine residual can be tested by the use of color standards and the proper indicators.

It has been a common fallacy for years that bathers constantly blame the swimming pool operator for their irritated eyes be-



It may not have the sentimental glamour of the old-fashioned swimming hole, but this modern pool operated in one of Miami's principal parks for Negroes, is a whole lot cleaner and safer.

cause they think there is an excessive amount of chlorine in the water, but upon examination it is found that the pH of the water has fallen below 7.0 and that acidity is the real culprit. Proper pH and chlorine residual control coupled with clean water is the secret to good swimming pool operation.

Parent Responsibility

The question "Shall I let my children go swimming when there's polio around?" still remains unanswered. This is because the answer is both yes and no. When the number of cases of polio are not of epidemic proportions, it is far better to allow children to go swimming in some well operated pool where the water is effectively disinfected, than to force them to sneak off to some polluted river, creek, lake, sand pit, or mud hole where there is no protection from any infection — and where there is also danger of drowning.

"How do I know a pool is well operated?" you ask. It is your duty as a parent to find out the sanitary conditions of the pools in your community, and at no time to allow your children to go swimming where the water is not disinfected with chlorine or bromine. A child must depend upon his parents for protection against things about which they are too young to know. You fail to perform your duty as a parent when you allow your children to swim at any time in places where the water is not safe. They should not be allowed to go to a camp and swim and drink water that has not been tested and approved by health authorities. When parents become interested in the sanitary aspects of swimming pools and camps and refuse to patronize places which are not operated in the light of present day knowledge, then much will have been done to put the insanitary places out of business. Legislators can pass laws, health departments can inspect, but only the critical action of the paying public can put the insanitary pool, camp, or bathing place out of business.

If you swim in water which actually contains chlorine or bromine at the time you are in it, you are fairly safe. It has been shown conclusively that the average amount of chlorine or bromine used for disinfecting swimming pool water not only kills (or renders ineffective) all disease producing bacteria, but will also kill the virus which causes infantile paralysis. If you should find, in your investigation of swimming pools, a place where they not only filter and disinfect the water but also have the shower facilities so that each bather who enters the pool must take a soap and water bath before doing so — then you have found a place to swim which is modern — and safe.

Last, but not least, do not allow yourself or your children to stay too long a time in the water at any one time. Swimming is a sport which requires a great deal of energy. Those who stay too long in the water have their resistance lowered. In this condition, they are an easy victim to many disease germs which come along. When you grant your children permission to go swimming, set a time limit for them to come home and insist that they do so. Do not try to shed your parental responsibilities by urging your children to spend the entire day at the pool.

"It is unlawful for any person, institution, municipality or county to construct or to add to or modify, or to operate or to continue to operate any swimming pool, public bath house, bathing or swimming place, or any structure intended to be used for swimming or bathing purposes without an unrevoked permit so to do from the State Board of Health. (Section 514.03, Chapter 514, Florida Statutes 1941)

FLORIDA HEALTH NOTES

Published monthly except July and August on the 5th of the month by the Florida State Board of Health. Publication office, Jacksonville, Fla., headquarters of the State Board of Health. Entered as second class matter, Oct. 27, 1921, at post office, Jacksonville, Fla., Act of Aug. 24, 1912. It is intended primarily for individuals and institutions with an interest in the state health program, public and private. Permission is given to quote any story. Clippings of quotations or excerpts would be appreciated.

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1217 Pearl Street or P. O. Box 210

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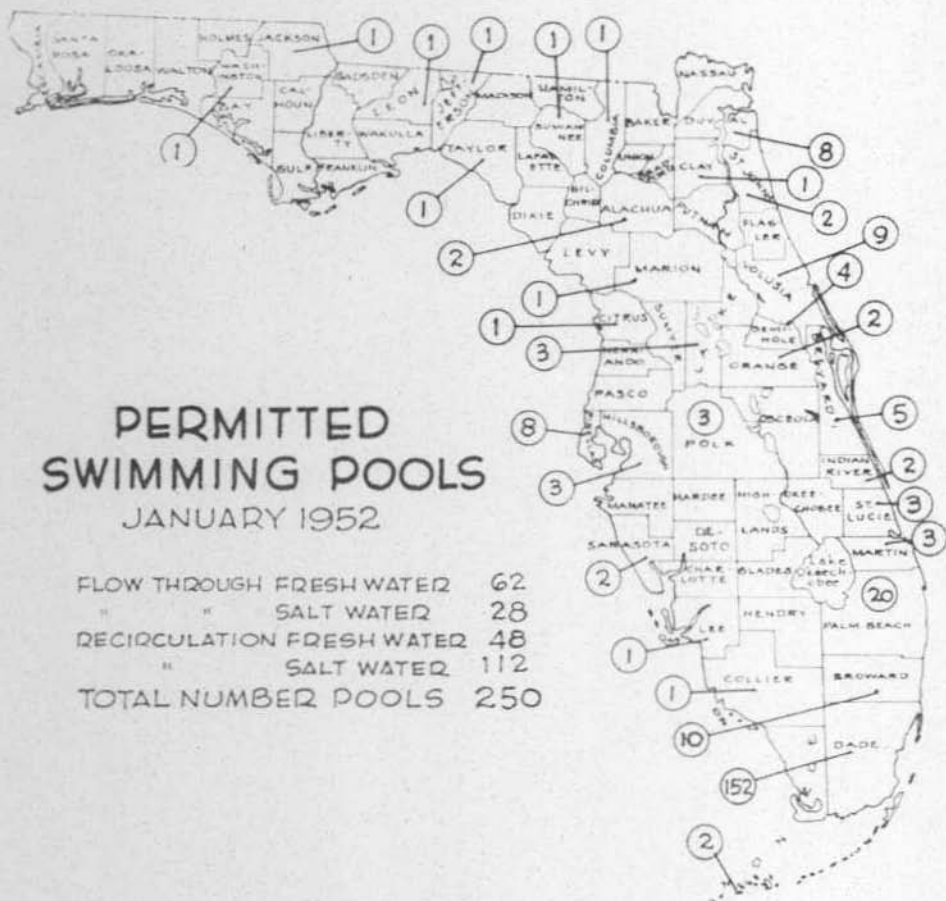
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HEALTH NOTES



STATE BOARD OF HEALTH

APRIL
1952

FOOD AND THE HAPPY MAN

Vol. 44
No. 4

HIDDEN HUNGER IN A LAND OF PLENTY

FLORIDA—

Produces more citrus than all other states combined —

Is the nation's largest producer of winter vegetables —

Ranks 12th in beef production for the United States.

BUT—

Diet studies on 1,200 grade school children showed:

1 of every **2** had no citrus

1 of every **2** had no green vegetables

3 of every **4** had too little milk

Diet studies on 900 grade school children showed:

4 of every **5** had too little citrus

4 of every **5** had too few green vegetables

4 of every **5** had too too little milk

Diet studies on 300 High School children showed:

1 of every **2** skipped at least one meal a day

Diet studies on 200 prenatal patients showed:

1 of every **40** had a quart of milk a day

FOOD — AND THE HAPPY MAN

Food is the material out of which life is created — and sustained. What you eat in infancy and early years will determine in large part whether you will have a healthy, active middle life and old age. Since right eating habits are important to health, nutrition is important to public health. Here we present the nutrition story in terms of the seven ages of man. In the light of present-day nutritional knowledge, let's tell the story of Bill Smith as we follow him from the critical days of infancy through successive steps to the status of "Senior Citizen." We leave him as he watches a grandson start out on the same road he has traveled so long — and so well.

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THE INFANT

"Life is a continuous process, each period dependent on the one that precedes it while preparing for the one that is to follow."

— Lucy Gillett.

I am a baby. I will be one of the adults who must carry the responsibilities of tomorrow. I feel that I have a right to good health and all of its advantages.

To build a good strong body and to grow as I should, I am going to need good food. As a newborn, nothing is more important to me than my food. Of course, I like to be kept clean and sweet and dry, but after all food is food.

To me, mother's milk is still best. I feel so safe and secure in her arms. Of course, I'm willing to try a bottle if necessary. I do hope I'll never be left in my bed to take my milk with my bottle stuck in a holder or propped on a pillow.

My mother told our neighbor that she prefers breast feeding me because it's the natural way. She feels it is the safest way, and besides it is so much simpler than making formulas and sterilizing bottles.

It's fun to lie here and listen to grown-ups discuss us babies. They think we don't know anything. The public health nurse stopped in the other day and reminded mother to be sure and take me in for my next checkup. She said she knew my pediatrician will want to talk some more about my food. That makes me happy. I'm interested because all I'm getting now is milk, orange juice, and codliver oil. They are fine, but I'm ready for some variety and I'm not quite satisfied.

I heard the nurse say that some babies in Florida develop anemia from being kept on a milk diet too long. I want to be a football player, so I'm ready to get started on the solid food! No anemia for me!

The nurse cautioned mother to keep up my orange juice and codliver oil. She said they'd help me build good strong bones. You know, I was surprised to hear nurse say that a great many babies, even in Florida, do not get orange juice. She said that lots of mothers think their babies are allergic to orange juice because they have a little rash now and then. She explained that a recent study at Johns Hopkins University proved that for most of us these rashes aren't caused by orange juice at all. I was glad to hear her say that.

Mother asked the nurse about Susie, the ten-month-old down the street. Susie's had diarrhea and her doctor said it was caused by too much fat in her diet. The nurse explained that this was a mistake lots of parents make. Little folks like us can't use fat like grownups do. She hoped my daddy wouldn't start giving me ice cream and gravy on potato at ten months the way Susie's daddy did. He fed her the other night when her mother was away from home.

My Mom also asked the nurse why the doctor fussed when he found out Susie still got sugar in her formula. The nurse explained that sweetening of some kind was added to formulas when babies are little to help furnish them energy. After we get old enough to eat a variety of foods, we can get that extra energy from them and don't need all the sugar. She said that lots of doctors had babies on straight cow's milk at Susie's age. Some prefer fresh milk, some like evaporated milk. The nurse said she liked the canned milk better because she was sure it was safe and it was cheaper than the fresh. Wonder which mother will give me?

Ho, hum! I've got several months before I worry about that so guess I'll take a nap. Bet I'll be hungry when I wake up. . . .



THE PRE-SCHOOL CHILD

"Children have more need of models than of critics."

— Joubert.

Have you stopped to think what it is like to be three years old? There surely are lots of new things to learn. This much I know, food can be fun or it can be fierce. I guess I'm lucky, 'cause my mother makes eating pleasant and I'll tell you why.

In the first place she never frets or scolds me about eating. She hasn't done that since I was about 12 months old. I suddenly seemed to stop being real hungry and didn't eat as much. Mommy got real worried. She took me to the doctor. He told her it was all right. He told her I'd be the best judge as to how much food I need. She understands that once in a while I'm not as hungry as I am most of the time. If I don't eat so much, it's all right with her. She never says to me, "You'll have to sit there until you finish it", "I'll take you for a ride if you do", "What's the matter, are you sick?" or "Mommy's baby doesn't want to eat?" "Please, now eat it for Mommy!" I like being treated grown-up, and I'm glad my mother lets me alone when I eat.

I don't really mean alone—I have a table and chair in the kitchen and she's always close by so we can talk while I eat, but she doesn't fuss over me.

Once in awhile, I eat at the big table—before long I'll be doing it all the time. Now, though, I'm more comfortable at my own table. I don't have to sit up on a book and let my feet dangle. Besides I get hungry before the rest of them and I'd rather have my supper early. If I don't, I get tired and cross, and nobody likes me

when I'm cross. Sometimes I spill things or turn over a cup of milk. Mommy doesn't care, but if I'm at the big table my big brother makes fun of me and my daddy might even scold me. They don't seem to know that they had to learn as I'm doing now.

Lately, I've been learning to eat lots of new foods. One thing I like is that my mother always gives me something she knows I like when she gives me something new, and she just gives me a little bit. If I want more, she gives it to me. Once in a while something is so new in taste, or it feels so funny in my mouth that I want to spit it out. Mommy says that since I'm three she won't scold me, but it's much nicer to take a small bite and swallow it. I'm learning to do that now.

Seems like my food is always in just the right size pieces to fit my mouth. Mommy got me a spoon which just fits my hand and that helps me feed myself.

Billy, my friend next door, says he sits at the big table and eats just what his family does. I asked Mommy about this and she said that most of the things I eat are just like theirs, but sometimes she has things that little folks find too strong for them. Once just to show me, she gave me a taste of something called chili — it burned all the way down!

Billy says he doesn't like milk and that his daddy doesn't like milk. I think everybody in our house likes everything. Mother and Daddy never talk about not liking anything. Mother just puts it on the table and expects everybody to eat it. We do. There was a time when my big brother Tommy did not eat well. Mother decided maybe he was too tired to eat, so she got in the habit of calling him in half an hour before meals. He reads or plays quietly and this rests him so that he is ready to eat at meal time.

Tommy and I both get codliver oil every day besides what mother calls an "adequate diet." I heard our doctor tell her she was doing a fine job and to be sure to keep giving us the codliver oil. He said we were at the age when many mothers made the mistake of stopping it. In fact, he said, there were children in this "Sunshine State" with rickets because they didn't get codliver oil. I hope Mommy won't stop it — I still want to play football.



THE SCHOOL CHILD

"Train a child in the way he should go, and when he is old he will not depart from it."

— The Holy Bible.

Last night after I had gone to bed, I heard Mrs. Sharp and Mother talking. I love to slip and overhear the grownups. Mother was saying:

"Today starts Bill's second month at school. He has taken on so many new interests since school began. At first he didn't have time to eat breakfast. He would get up and rush off. Then I wouldn't see him again until late afternoon. We usually had our big meal at noontime. I always gave Bill enough money to buy himself a hot lunch at school.

"One day he came home with a health record to fill out. He said they were going to study about foods at school. I helped him fill out the record. It was the first time we had talked much about what he ate. He asked me questions like 'Mama, what did we have for supper yesterday? I didn't eat any peas, did I? So I can't write that down. It wouldn't be honest to put something down that I didn't do.'

"A few days later he came home singing a new song —

'A dillar, a dollar, an eight o'clock scholar
What makes him come at eight
He eats more fruit and drinks more milk
And now he's never late.'

"I'm glad Bill is showing more interest in what he eats. His interest in foods made me realize that his daddy and I should eat breakfast a little earlier so we can all eat together. I hadn't realized that his meals would make such a difference in how he feels. You know, too, he isn't constipated any more since he takes more time to eat like the 'eight o'clock scholar.' I took him

to the doctor the other day for his regular check-up. He was quite in favor of teaching him about foods, and he said to keep him on codliver oil until he was twelve years old.

"He startled us one day when he came rushing in the house to tell me they had some new pets at school. 'But mama, one of them is going to die,' he told me. 'He is only getting bread and sweets to eat. He doesn't grow like Pinky.' Friday, he couldn't wait to get our weekly paper. Then he asked me to read the story one of his third grade friends had written. It's cute. Let me get the paper. Here it is:

"The Health Department gave us two white mice. We got the mice November 8, when they were four weeks old. We named them Pinky and Stinky. Pinky is larger than Stinky, because we fed Pinky good food and Stinky poor food. Pinky was fed cheese, milk, vegetables, and fruit, bread and butter. Stinky was fed bread, jelly, candy, and soft drinks. We're feeding them to see the difference between good food and poor food. Pinky weighs more than Stinky weighs. This has shown us that boys and girls need good food to grow and keep healthy.'"

Mrs. Sharp then said: "At our P. T. A. meeting one night we had a report from the nutritionist about the health records the children had filled out. She made us sit up and think when she told us that 'the greatest deficiencies in our children's diets are in our own farm-produced foods. Our children aren't getting enough milk, green and yellow vegetables and citrus fruits to eat.' She went on to say, 'less than 20 children out of a hundred were getting as much as they needed each day. Only about 40 children out of a hundred were eating enough of the other fruits and vegetables, potatoes and eggs. Most of the children had a serving of meat each day and all of the children had enough breads and cereals.'

"We are planning to have a nice garden this year. The Home Demonstration Agent offered to help us plan it so our children would get more of the right foods. I guess we are lucky to live in Florida where we can have a garden almost all year round."

Mother then said, "Yes, there is a lot to the business of eating. When the children are at home all day it's easier to see that they get the different foods they need—like fruit juice, milk, or a piece of raw vegetable to chew on between meals. It's up to us to teach them what to choose when they are away from us. The studies show it isn't necessarily the lack of money that affects our children's eating as much as an appetite for healthful foods. If they choose sweets before mealtime, is it any wonder they aren't hungry when it's time to eat?"



THE TEENAGER

"Adolescents, in their great desire to be adult, copy all the adult vices and dissipations . . . omitting milk and nutritious foods from the diet . . ."

— Lucy Gillett.

My gosh, Bill! When did you go soft? Nutrition—that's sissy stuff if I ever heard of it. What are you gonna do next, put on an apron and cook!"

Go ahead, Ted, and rub it in. That's just the way I felt last fall when Dr. Jones said I was suffering from "mild malnutrition and anemia"—Who, me?—not getting enough to eat! That's silly. Those are the very words, but I found out I wasn't so smart.

"Why, what happened, Bill?"

If it's so darn sissy, what do you want to know for?

"I don't know—just curious, I guess. I remember the doctor saying I was anemic as a kid when I had hookworm once. He gave me some foul tasting stuff. He said it had iron in it. What did you do?"

It's a long story, but believe it or not, last fall when we were starting football practice—that's why I went to the doctor—we were a pretty punk squad. All our first string had graduated and, well, nobody expected much of us. Coach said after the first few practice sessions that we were going to have to pick up and get on the ball. Most of us were going to have to gain some weight. You could tell he was worried.

A couple of afternoons later, Coach appeared with the principal and a woman. He said they had a proposition to make—

The woman was a nutritionist from the State Board of Health. She told us that she believed good food was necessary for pep

and energy — and by good food she didn't mean just hot dogs, hamburgers, cakes and candy. 'Course, we'd heard something like that in Science class, too, but it didn't mean much then.

Anyhow, she agreed to give us some lessons if we wanted them, so we agreed, figuring it would be an easy 20-minute dodge on the practice.

Then the principal asked if we'd eat at the lunchroom. We figured there was a catch, but he offered to set up a special table for us and to give us seconds on milk free, so we agreed to that, too.

You know that woman did everything! She not only taught us what we ought to be eating and why, but she found out what the college players ate at their training table, and planned ours the same way.

"So she found out what the college players eat — I still say So what?"

My gosh, stupid, how dumb can you be? Some of us would like to think we might get a whack at college football and we'd like to begin to get in shape. Anyway it didn't stop there — we even had one of the star players from the college over.

"You did?"

Sure — he talked to us about keeping training rules, and what makes strong muscles. He even got out on the field and helped Coach work out some new plays. He's a swell Joe — even came back.

"All very interesting, Bill — but what good did it do — if any!"

What good did it do? Why, man, we didn't lose but one game last year — everybody thought we'd be lucky if we managed to win one, but we fooled them.

"Say, do you honestly think what you ate made any difference, Bill?"

We gained weight, didn't we — all of us who needed to. And we felt better — never really knew what it meant to really feel good before. So, wise guy, whether it did or didn't help us win, I'm still sold on this business of eating right.



THE YOUNG MAN

"The world is full of men making good livings but poor lives."

Twenty-one, a man, voting too; finished school, out on my own — a world to conquer. That was six years ago — it seems almost impossible for the years to roll by so fast. Those first months on my first job, knowing I could work my way up quickly by doing more than my share. I cut down on my lunch hour, grabbing a quick sandwich and a pop, stayed late, and often carried some work home. After a while I didn't feel quite up to par and took some vitamins that I heard advertised. They didn't help much.

I remember the night I had my first date with Margaret. She was a Junior in college. I felt real prosperous and took her to dinner.

Margaret, do you remember our first date?

"Yes, Bill," she replied, "you really tried to make an impression on me — that fancy restaurant, 'T'-bone steaks, french fries, and all."

Well, I didn't impress you, you impressed me. I felt like taking you right home when you told me to eat my salad. I remember how I told you that stuff was for rabbits. Remember how out-done you were? I insulted all your newly learned home economic training. But you had the punch line when you asked: "Do you eat nothing but meat and potatoes, and drink nothing but coffee? No wonder you look terrible."

I was convinced then I had wasted my money and time taking

you out to dinner. I was sick of green peas, turnip greens, and all that. After all, I had eaten them as a child. I was a man now, a he-man — steak-and-potato man. Anyway milk is for babies — or so I thought.

The evening turned out swell, anyway, didn't it, dear?

"Yes," she recalled, "I enjoyed it although you were a bit dragged-out. Remember how furious you got when I said it wasn't natural for you to feel sluggish? That you ought to see your doctor."

Sure, I remember that, I thought: 'busy-body, I feel fine.' But I did go about a week later after I had thought it over.

I'll never forget what he told me. 'Now look son, if you don't start eating right and regularly, you're going to undermine your health. Meat and potatoes are fine, they just don't go far enough, you need other things, too. And for heaven's sake stop skipping or skimping on breakfast and lunch. True, you may feel like you're saving money, or saving time, but in the long run you're wasting both of those plus your health. TB is often found in young men and women who do just what you are doing.

And if that wasn't enough I remember going to the dentist a few days later. He jumped all over me. 'Look here, fellow, as teeth go yours are pretty good but your gums are terrible. Don't you ever get any vitamin C? Orange juice? Green vegetables? More teeth are lost from bad gums than from decay.'

I remember, too, Margaret, how just before we were married you began to talk about food and how we depend on it for more than preventing hunger pangs. How it is more fun to spend money on a wise selection of food than it is to spend it for doctor's bills.

Twenty-one — a man — Why, Margaret, how childish can you get?



THE MIDDLE YEARS

"The first forty years of life give us the text, the next thirty supply the commentary on it."

—Schopenhauer.

Margaret, do you realize that I'm 42 years old!

"Yes, Bill."

But dear, I've passed my prime!

"Now you listen to me, Bill, I'm sick and tired of you forever screaming about being *old*. Old! Oh for heaven's sake, you're not old, you're just mature. You've had good business judgment and practical sense for about 15 years, and you have 20 or 30 years yet to use it and enjoy yourself. Your health is good, and I plan to see that you do everything possible to keep you that way. Now quit complaining foolishly and take stock of what you have, and what you expect to do. Don't you forget for one minute that you're just two years older than I, and I'm not old, so hush!"

I'll never forget that conversation, I felt a million years old; I felt battered by age, why couldn't she see how serious the problem was — I'm FORTY-TWO! I didn't sleep well that night. We got the youngsters to bed, while they looked at us questioningly. Little Pete said, "Daddy, have you been fired?" Boy, that woke me up; he didn't say, "Daddy, you look old." He recognized that I was brooding, not aging. I thought about that long after Margaret had gone to sleep.

Brooding over being "middle-aged." I felt as well as I ever had. I could work hard, my endurance seemed good. True, I'm

putting on some weight and I puff a little on the stairs, but no aches or pains. Friends tell me I am "looking well." So I consoled myself and dozed off.

The next morning I whistled "My Blue Heaven" while going to work. It was a beautiful morning, one of those days that makes you glad to be alive. The burdensome years of last night rolled away. I felt fine! I began to look closely at folks I knew, many of whom were about my age. In all honesty, did I look as old as Tom, Payton or George? Well, Tom was bald; I wasn't — so no fair comparison. Payton had a boyish figure — well, I'm getting a spare tire around my middle — Humm. George weighs about 220, eats like a horse, always griping about his feet hurting and tries to claim it's his glands that makes him fat.

I had lunch with Payton, and during the conversation we got around to the fact we were getting older. I was surprised to find Payton was three years older than I.

"How did you avoid middle aged spread?" I asked. His comeback was:

"I didn't. I had to learn the hard way. I began to get pudgy when I was about 40. I tried all the advertised treatments to lose weight, and all the loudly-praised vitamins to make me feel good. I was the drug store's best customer. A real sucker for every advertised remedy, but I kept getting fatter. One day my wife practically drove me to the family doctor. All he could find wrong was my being overweight. Oh, I bragged about how little I ate, how much exercise I took. He listened patiently and then started in:

"Now look son, nothing grows big on air and water. . . . The only thing which will kill an appetite is a full stomach. . . . If you eat three balanced meals a day, you rarely, if ever, need extra vitamins. . . ."

"Then he gave me a diet which he said was balanced and which would fill me up without fattening me up. I stuck to it, too, for he scared me plenty. 'More diabetes among fat people, more heart disease, more kidney disease, more arthritis,' he'd said. Well, I began to lose slowly, and feel better. When I was down to my ideal weight I felt ten years younger. I've stayed there ever since with no trouble. About all I do is to pass up rich desserts and second helpings. You know, a funny thing, my visit to old Doc cost me just about what one bottle of reducing pills cost me."

I never listened to a preacher more closely than I did to him. I got to thinking of all the folks in our neighborhood. The women were fat and forty-ish, and always trying some radical method of losing weight. Margaret said it was all they talked about at the club meetings, while they were eating cake. The more I thought about them, the prouder I was of Margaret's girlish figure and good sense. The men in our neighborhood weren't blameless either. Many of them were quite overweight. I decided that I would do like Payton and get myself trimmed down. Wisely, too — I'd go see old Doc.

When I got home Margaret looked especially pretty in a new house dress; the children were in the yard, strong, sturdy youngsters. I felt real pride. I couldn't be out of step, tomorrow the doctor —

That night Margaret said: "Bill, I know you'll have a fit, but I got you an appointment with the doctor today."

I'll never understand women. But then she'll never understand me, for I only said. 'What time?'



THE SENIOR CITIZEN

"Every man desires to live long; but no man would be old."

— Swift.

So, Margaret, I said to him:

"But, Mr. Johns, I don't want to retire! So I am 65, I'm strong as an ox, I haven't missed a day in the last 6 years, and you'll have to admit that I'm doing my share of the work." You know I was real surprised when he said: "OK, we didn't want to force your retirement, but at 65 you have the opportunity. I wanted to see how you felt. Frankly, we'd hate to lose you, so keep on as usual. If you change your mind we'll see about the retirement later." He looked at me for a minute as if he was studying me and then said sort of wistfully, "I hope I'm in as good shape at 65. I'll bet you could whip me." I could, too. He's soft around the middle, and at his age, only 42!

I guess I owe it all to you, Margaret. Remember some 20 years ago when I went to see the doctor? After that I slimmed down and have stayed that way. And all the stuff you've taught me to eat! And milk — Margaret, how many cows have you made me keep busy! I always figured that stuff was for calves and babies until you and the doctor began preaching the gospel to me. I've even learned to like lettuce—me—! an old steak and potatoes man. Well, honey, you've done a good job, and kept yourself as pretty as a picture.

You know, Margaret, how we always read the obituary columns first? Well, every once in a while I wonder how many of those

folks dug their graves with their teeth. A lot of them — I'll say. I reckon the old saying is still true, "A lean dog for a long hunt."

After supper we were sitting around in the parlor looking at the paper when Margaret began to chuckle. "Bill, do you remember how you stomped and groaned, and felt like old age had you when you were 42?"

Yes! I'll never be that old again. I'm always amazed at what foolish things people our ages can do. They will take up some sort of the most absurd ideas on how to stay young. There's hardly a day that goes by that somebody doesn't ask me if I'm taking Johnson's Rejuvenator Tonic, or drinking "Youthful Tea" or buying this or that special "natural" food. I'm sick of all these fool fads. I'm always telling folks that all they need is an adequate diet, but they are certainly hard to convince. Seems like you can hardly pick up a magazine now that somebody isn't trying to sell you on the idea that you should eat something that just doesn't seem like good sense. If these foolish fads keep going I imagine Mrs. McDonald will build a silo and eat cow food, — that's the only thing she hasn't tried."

"My-My — 76 today. It will soon be two years since Margaret went to her reward, and almost two years I've been living with Helen, she's my youngest daughter. Just as sweet as they come. She and the young ones make my life pleasant. Little Bill, named after me, follows me around like a pet poodle. Oh yes, I've retired — did that five years ago. I have a little vegetable garden, and some fine roses. Little Bill says: "What are you planting?"

I say "Beans." "Mommy says they're good, and what's that?"

"Turnip greens." "Mommy gives me those. They're good, too."

Helen is the spittin' image of her mother; acts just like her, too; sees that all of us have good food, and that we get what we need without kicking up a fuss about it; pays off too, look at little Bill — ever see a finer boy?

Photographs by edith schiller-fehl

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All counties in Florida have organized county health departments except
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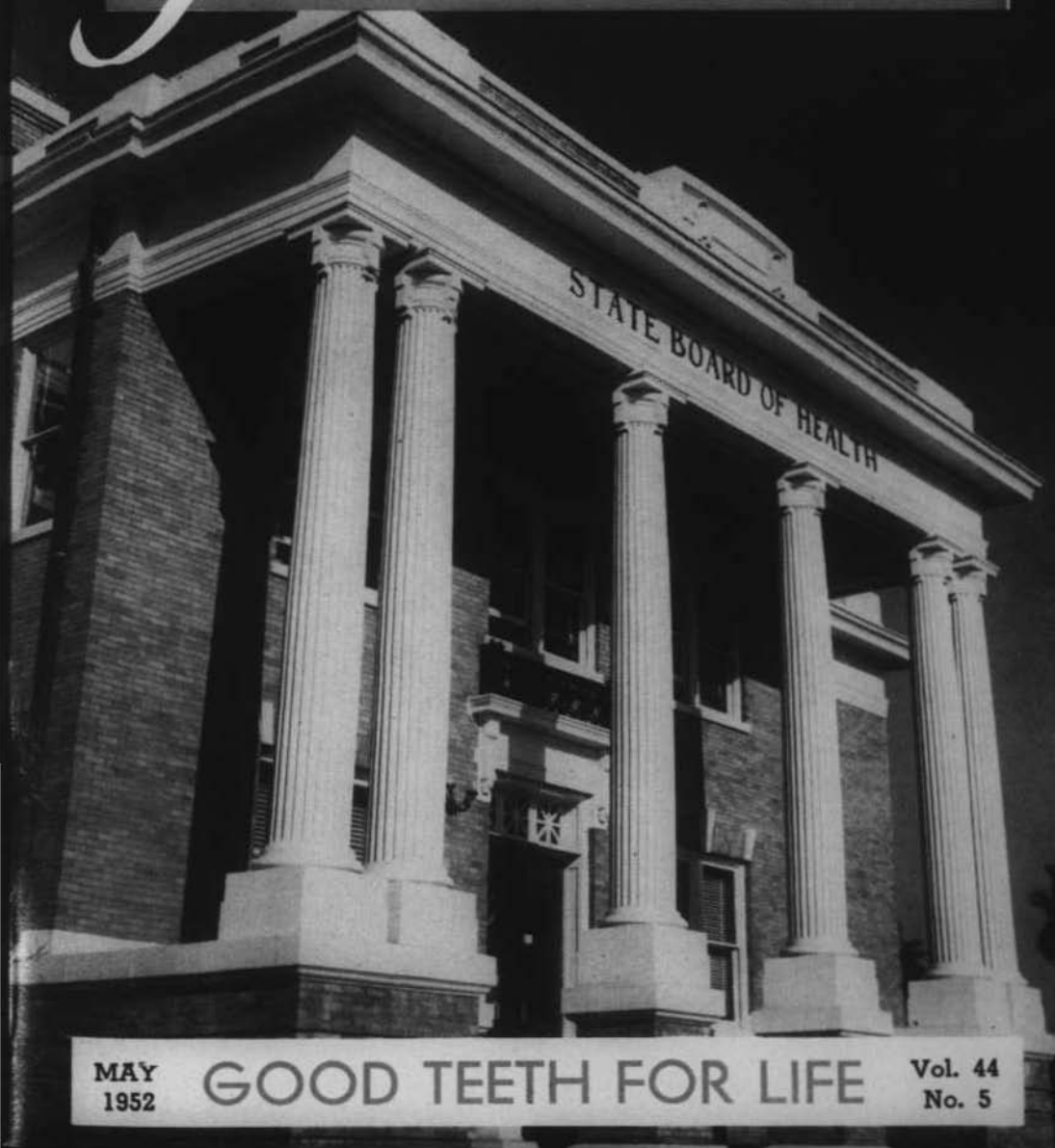
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"The single, most important practical suggestion from the viewpoint of nutrition is for people to eat a variety of the protective foods. If you eat a variety of foods, you are practically certain to get all the nutrients. It is also important to watch one's weight. Variety, and the maintenance of what we speak of as ideal weight, are probably the two most important things from the viewpoint of practical nutrition."

Frederick J. Stare, Ph.D., M.D.,
Professor of Nutrition,
Schools of Medicine and Public Health,
Harvard University.

Florida

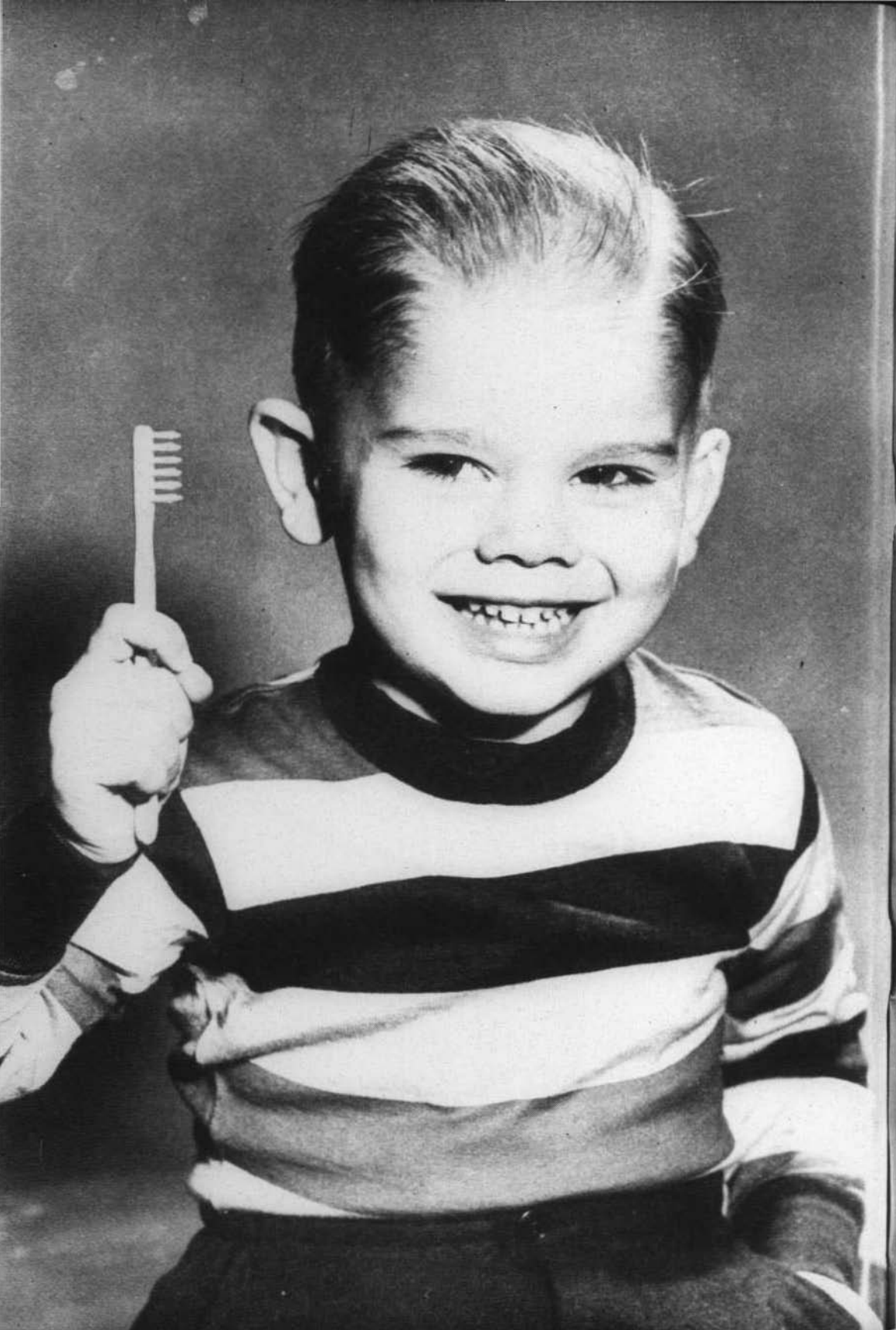
HEALTH NOTES



MAY
1952

GOOD TEETH FOR LIFE

Vol. 44
No. 5



GOOD TEETH FOR LIFE



In Florida, 9 out of 10 persons will have some form of dental disease during their lifetime. This condition is not peculiar to Florida alone. It is true in most every state and all parts of the world. Ancient writings — dating back to the period 400 B.C. — mention dental disease and describes some of the treatments used at that time to relieve toothache. Dental disease is common to almost everyone. It strikes young and old, and affects people in all walks of life.

During the past fifty years in the United States, the teeth of millions of children of school age have been examined by dentists. Reports of these examinations show that approximately 95% of school children have some type of dental condition requiring corrective treatment by a dentist.

Over 20,000 dental examinations of elementary school children, made by a dentist in 15 Florida counties within the past two years, show that less than 5 out of every hundred children have *not* been attacked by dental decay, and 1 out of 4 children between the ages of 6 and 18 have lost 1 or more of their permanent teeth.

In addition to dental decay (known as dental caries), these examinations show that a large number of children have diseases of the tissues surrounding the teeth, and that malocclusion (teeth out of alignment), occurs among many children.

Despite all these well-known facts, and despite the fact that we have the knowledge to reduce dental disease up to 65%, we are failing to use the tools at hand to their fullest extent to gain the maximum benefits. To a large extent this is because the general public is not aware of the advantages of PREVENTIVE DENTISTRY. This presents a challenge to public health officials, dentists, and teachers to do a better job of educating the public to the advantages to be gained by such a program over the old-fashioned way of just fillings, extractions and dentures.

FLORIDA HEALTH NOTES

Published monthly except July and August on the 5th of the month by the Florida State Board of Health. Publication office, Jacksonville, Fla., headquarters of the State Board of Health. Entered as second class matter, Oct. 27, 1921, at post office, Jacksonville, Fla., Act of Aug. 24, 1912. It is intended primarily for individuals and institutions with an interest in the state health program, public and private. Permission is given to quote any story. Clippings of quotations or excerpts would be appreciated.



Diseases of the teeth and their surrounding structures may cause serious illness and physical defects.

Dental disease affects more children and adults than any other disease except the common cold. It is a major public health problem in Florida. Dental decay and diseases of the gums and bony structures surrounding the teeth, when not treated, are sure to result in harm to the general health of the individual.

In Florida, in 1950, almost 100 persons died of cancer of the mouth, throat, lips and tongue. Many of these deaths could have been prevented if regular and good dental care had been received from childhood, because these conditions could have been diagnosed early and proper treatment started.

Diseases of the teeth and surrounding tissues are often a contributing factor to physical impairments. One of the most common of these is speech defects. Many cases of marked malocclusion (poor alignment of the teeth), when not treated, may result in personality problems due to unattractive personal appearance. Early diagnosis and proper dental attention would do much to control these conditions and, in some instances, they could be prevented.

Dental decay, when neglected, often results in destruction of the nerve and blood supply to the tooth. A dead tooth may be a source of infection and, if not carefully treated and re-checked frequently by the dentist, prove to be a potential danger to general health.

Dentists know that removing dead teeth indiscriminately is not a cure for all human ills. They do know that infections from teeth and gums are dangerous if not treated, and that the teeth and gums should be put in a healthy condition to protect the health of the patient.

More teeth are lost from diseases of the gums and the bony structures that support the teeth than from dental decay. Some of the most common causes of loss of teeth are poor mouth hygiene, lack of a well-balanced diet, and injury to the teeth due to teeth being out of normal position.

Nutritional deficiencies can and often do affect the health of the tissues of the mouth. Lack of adequate amounts of vitamin C in the daily diet can cause the gums to become sore and swollen and to bleed easily. If this lack of vitamin C intake extends over long periods of time, the bone surrounding the teeth may be de-

stroyed, causing loss of the teeth. There should be little vitamin C deficiency in Florida because Florida produces an abundance of citrus fruits, tomatoes and cabbage, all of which are very rich in vitamin C.

Food containing some members of the vitamin B complex are also important in the health of the tissues of the mouth, the bones surrounding the teeth, and the tongue. Eating enough of the protective foods is the best means of meeting these daily requirements. Milk, lean meat, green leafy vegetables, whole grain, or enriched breads and cereals are good sources of these B vitamins.

It is impossible to have good normal health if any one part of the body is not healthy. Dentists and physicians are aware of this and are working in close cooperation to give their patients the benefits of the latest methods of diagnosis and treatment.



Immense sums of money could be saved if we would use the knowledge we now have to control dental disease. Figures recently released by the U. S. Department of Commerce state that consumers paid \$991 million dollars to dentists in 1950. Millions of workers lose time from their jobs each year because of toothache. Absence from school because of pain and discomfort from neglected teeth is very common.

A small portion of the money lost by these two groups, if wisely expended on public health preventive dental programs, would reduce the amount of dental disease. The cost of time lost from earning a living and attending school classes is enormous each year.

The increased cost of living, including the necessities such as dental and medical care, makes every family realize that it is necessary to save money wherever possible. One of the easiest ways to save money is through early dental care. A pin point spot of decay in a 6-year molar, if given prompt attention and carefully filled today, is a lot cheaper than having a bridge made to replace a lost molar a few years from now.

It is six times cheaper to start a child to the dentist at the age of 3 for necessary care than it is to wait until he is six or seven years old. Money is saved by starting dental attention at the age of 3 and continuing each year with 2 regular visits to the dentist for re-examination and fillings in first teeth. For every dollar spent this way you save six.



Good nutrition is necessary for maintaining dental health.

Diet is an important factor in the growth and development of the entire body, and it is necessary to maintain good general health. Good nutrition is required to maintain good mouth health. During the period the teeth are developing, it is important that they receive adequate amounts of good building materials daily, such as: minerals, proteins, fats, and other elements contained in a well balanced diet.

The enamel of the tooth develops over an extended period from about four months before birth to the 8th year of age. During this time adequate amounts of calcium are necessary to insure proper formation of the enamel. If the daily diet is deficient in calcium the enamel may be poorly developed and the teeth less resistant to decay.

When we eat we do not attempt to feed individual parts of the body. It is not possible to separate the teeth and their surrounding tissues from the rest of the body when we consider food, because the same foods which help to build strong muscles and good bones also share in maintaining mouth health. Therefore, a well balanced, adequate daily diet is important throughout life, and is essential for good bodily health.

Excessive and too-frequent use of sugars and starches in the diet of children can be harmful. A certain amount of these carbohydrates is necessary in the daily diet in order for the body to have the energy needed for muscular activity. There is a very definite relationship between dental decay and excessive use of sweets.

Dental science has found that the acid-forming bacteria which attack the enamel of the tooth require a food that can be rapidly broken down to form these acids. Sugars on the surface of the tooth can be turned into acids in a very short time by certain types of bacteria present in the mouth. These acids can cause destruction of the enamel of the tooth.

During World War II Toverud studied large numbers of school children. He found that dental decay decreased 50% during war time when the consumption of sugar was of necessity very low. There has been a marked increase in the use of sugar in the U. S.

in the past 125 years. In 1821, the annual consumption of sugar was 10 pounds per person. In 1945 it was over 100 pounds per person.

Soft drinks and carbonated beverages, and refined carbohydrate foods, such as sugar, candy, jelly, pastry, and other highly sweetened foods should be kept at a minimum in our diet. The dental and medical professions believe that excessive use of sweets by children is a contributing factor in the cause of dental decay.

"FOR HEALTH ... EAT SOME FOOD from EACH
GROUP ... EVERY DAY!"

GROUP 1

Green and yellow vegetables—
some raw, some cooked—frozen or canned

GROUP 2

Oranges, tomatoes, grapefruit,
raw cabbage or salad greens

GROUP 3

Potatoes and other vegetables and fruit—
raw, dried, cooked, frozen or canned

GROUP 4

Milk and milk products—fluid, evaporated
or dried milk, or cheese

GROUP 5

Meat, poultry, fish, eggs, dried beans,
peas, nuts or peanut butter.

GROUP 6

Bread, flour and cereals—natural whole
grain, enriched or restored

GROUP 7

Butter and fortified margarine
(with added vitamin A)"



Regular and careful brushing of the teeth assists in the control of decay and helps to keep the gums healthy. Brushing improves the appearance of the teeth and gives the mouth a feeling of cleanliness. It is one of the things that every person can do at home.

Dentists know that brushing alone is not sufficient to prevent dental caries but it is one of the valuable procedures that must be used for good oral health.

An unclean mouth contains a large number of bacteria. Many of these are harmful, and their products may attack the enamel. These bacteria can cause inflammation of the gums and unpleasant mouth odors. The toothbrushing habit should be formed early in life. Mothers of very young children should see to it that the baby teeth are kept clean. A child should be taught to brush his own teeth as soon as he is able. Teeth should be brushed after eating and before going to bed. The dentist will recommend the most suitable type of toothbrush and the best method of brushing to meet the needs of the individual.

There are certain foods such as apples, celery, carrots, and citrus fruits that aid in the natural cleansing of the teeth.

New types of dentifrices developed within the past few years show promise of reducing the occurrence of decay; however, further research studies should be made before their benefits will be fully determined. It is recommended that a dentifrice be used when the teeth are brushed. How and when teeth are brushed is just as important as the dentifrice. When brushing is not possible after eating—as at school or work—rinsing the mouth will do much to keep the mouth clean.

Oral prophylaxis (toothcleaning by a dentist) is usually needed by most persons once or twice a year. These professional cleanings remove tartar, stains, and polish teeth to greater beauty.



A wise mother makes sure that tooth-brushing becomes a bedtime habit.



**Dental care is essential
from infancy throughout life.**

Sound teeth and healthy mouth tissues are necessary for good general health, good looks, and happiness at all ages. Children who are of preschool and school age at the present time will have far better teeth throughout life than the adult population of the present. This is because of the newer knowledge and scientific advancement of the dental profession, and because people are becoming better informed through more modern methods of education.

Seventy-five years ago little was known about prevention of dental disease. Today, we know we can reduce and control dental disease by using the preventive measures at hand. Within the memory of those now living, a visit to the dentist used to be made only when serious dental conditions occurred. These visits were mostly for extractions of diseased teeth and for bridges and dentures to replace lost teeth. Moreover, these dental visits were usually dreaded painful experiences. This was necessary because general and local anaesthetics were just beginning to be put into universal use. In those days, dentures and other dental replacements were unsightly and unsatisfactory. Today, dental replacements, as a rule, are comfortable, clean, and in many cases, are so nearly perfect in design, construction, and finish, they are not noticeable. This is a tribute to American dentistry.

Regular and periodic visits to the family dentist for young children, the school child, and during youth, middle, and old age, are very necessary to the maintenance of good mouth health and normal general health. It is a safe and economically sound habit for all ages to visit the dentist twice yearly for a dental examination and completion of necessary dental work. These periodic visits to the dentist are valuable at all age levels because they enable the dentist to detect dental decay and repair it. In these days, the watchword of physicians, dentists, and public health workers is **EARLY DIAGNOSIS**. Early detection, diagnosis, and treatment of unhealthy abnormal conditions saves lives. The tissues of the mouth often give early signs of lack of adequate nutritional intake by the patient.



Dental care during pregnancy is important to both mother and child.

"Healthy teeth for every pregnancy" is a good substitute for the old saying "For every child a tooth." It is no longer necessary for the expectant mother to lose teeth during pregnancy; nor should she suffer from dental decay or other dental diseases which seem to be more prevalent at this time. Prevention of dental disease starts before the child is born. The best time to begin a program of control is with the expectant mother. The following suggestions may be helpful:

Early Visits to the Physician and Dentist

As soon as it is discovered that a child is expected, the mother should visit her physician and her dentist. Their advice should be rigidly followed. It is no longer dangerous to have dental work done during pregnancy. It should, however, be done with the advice and knowledge of the physician.

It is good dental practice to have all cavities filled early in pregnancy. This will prevent pain and discomfort later. The use of X-ray may be required to discover hidden caries and abscessed teeth. In the offices of many dentists, this is done as a routine practice, and is a good preventive measure. Abscessed teeth are sometimes present, and may be a source of danger to mother and child. Removal or treatment of these may be advised by the dentist. Teeth should be thoroughly cleaned by the dentist. The tissues surrounding the teeth should be firm and healthy.

Regular Visits to the Dentist

During pregnancy it is a good practice to visit the dentist every three months. A short time after the child is born, the mother should again visit her family dentist for a re-examination.

During pregnancy, nature is building a new person. The mother supplies the building material in the form of nourishment, which through natural processes, is passed to the growing baby. Therefore, the diet must have in it the foods which contain the proper building materials. If the baby cannot get what he needs from the mother's food, he will take it from her body. It has long been thought that this would affect the teeth of the mother; however, it has not been proved that calcium, phosphorus, and other minerals are withdrawn from the teeth of the mother during

pregnancy. It is known that the diet should be adequate to supply sufficient nourishment for both mother and child.

The diet during pregnancy should be supervised by the physician. The dentist also has a responsibility, for many times lack of an adequate diet is noted very early by the appearance of the gums and the teeth. Any unhealthy condition may be overcome by the joint action of the physician and dentist. The mineral content of the diet should be increased during pregnancy, especially calcium and phosphorus. The best source of calcium is milk and other dairy products. Other sources are the green leafy vegetables, cabbage, and whole grain cereals. The citrus fruits are rich in vitamin C and are necessary to maintain healthy gums.

The Child's Teeth

During the prenatal, or period before birth, all of the first or foundation teeth are formed. It has long been thought that the diet of the expectant mother affected the structure of the teeth of the child. This has been disputed by some, but it is safe to say that a well-fortified diet for the expectant mother is good from a medical standpoint. It does prevent rickets, and it does protect the mother's health and insures a stronger bone structure. Certainly a good diet can have a beneficial effect on the health of the expected child.

In most pregnancies, it is possible for the mother to supply herself and the child with the necessary requirements from well-selected natural foods. In some cases, codliver oil, vitamins, irradiated foods, and supplementary feeding, are necessary. These should be prescribed by the physician.



At what age should a child be placed under the care of the family dentist? This question is one of the many asked by parents who are concerned with normal growth and development of their children. The answer is: **VERY EARLY IN LIFE.** The baby is born without teeth, yet deep in his jaw bones he has twenty primary (first) teeth. These first teeth were forming from early in prenatal life.

The first teeth to erupt are the central incisors at the age of 6 to 8 months. The time of eruption of primary teeth may vary, but at the age of 2½ years, he usually has all of his twenty primary teeth.

The eruption of primary teeth usually is not occasioned by any disturbances. Some children, however, may be irritable at teething time. If any illness appears to be associated with the eruption of teeth, a physician should be consulted as for any other childhood illness. The services of the dentist may also be necessary.

Thumb-sucking and similar habits during the first months, and through the first two years should be prevented, if possible, at the beginning of the habit. For once the habit is formed it is very difficult to control later. Persistent thumb and finger sucking may affect the position of the teeth and the shape of the jaws.

During infancy, when teeth are forming, the diet of the child is very important. The advice of both the dentist and the physician should be sought concerning regulation of the diet during the early years.

Preschool Age

When the child reaches the age of $2\frac{1}{2}$ years he usually has all of his 20 primary teeth. Between the ages of 2 and 3 years, the first visit to the dentist should be made, whether or not dental treatment seems to be necessary. This first visit to the dentist is very important to the child because first impressions are lasting. If this is a pleasant experience for the child, it will do much to eliminate the feeling of fear which often leads both young and old to postpone needed dental treatment. This visit should establish a feeling of friendliness between the child and the dentist. Parents should be helpful to the child by assuming a favorable attitude toward dental treatment. This can influence the child to cooperate when receiving dental care.

Treatment of Primary Teeth Is Important and Necessary.

Many children at the age of $2\frac{1}{2}$ years have one or more decayed teeth. The dentist can discover and fill these small defects. Dental decay, if allowed to go untreated in the primary teeth, may cause toothache and loss of the tooth.

Apply Sodium Fluoride at 3 Years of Age

During the third year the family dentist may apply a solution of sodium fluoride to the teeth. This treatment should be given four times, preferably at from a few days to a week apart. It is given at this age to aid in the control of decay of first teeth and is recommended by many dentists.

Periodic Visits to the Dentist at Least Twice Yearly during this age for the discovery and treatment of small cavities will help to prevent premature loss of the teeth. Likewise it will avoid retention of first teeth beyond the period they should be shed normally. These are important because either too early loss or retaining them too long may result in eruption of the permanent teeth out of position in the dental arch, causing malocclusion. This interferes with chewing ability, and may cause speech defects.



A dental hygienist cleans the teeth of a school child in preparation for topical application of sodium fluoride. (Photo Courtesy Jacksonville Journal).



Sodium fluoride is the most important preventive measure being used in the control of dental disease today. The discovery that sodium fluoride can reduce dental decay in young children by as much as 65 per cent is one of those "happy accidents" of science. The revelation came as doctors, dentists and scientists were looking for something else. They were seeking to determine why young children in some areas of the nation were developing unsightly mottled teeth. In the areas where the mottling occurred, all—or nearly all—of the small children developed brownish stains which could not be removed from the teeth. But this is the significant fact to us—children with mottled teeth had substantially less tooth decay than children whose teeth were free of this stain. What caused it?

Further research showed that the mottled teeth were caused by a chemical, sodium fluoride, found in the drinking water supply of that particular region. In fluoride-free water supply areas—no mottled teeth, but a substantially higher rate of dental decay.

Then came the big question: how could you get the benefits of fluorides without the unsightly stain? More tests showed that if the amount of fluoride in the water was held at about one part per million, no staining occurred, but the beneficial effects in preventing tooth decay remained. Therefore, those studying the problem believed that if all public water supplies which did not have sufficient amounts of fluorides occurring naturally could have sodium fluoride added, dental decay would be reduced. Then followed a series of carefully-controlled experiments in various cities of the United States to test this theory. These experiments were most successful.

The task of winning public support for addition of fluorides to public water supplies in areas where the substance did not exist naturally was not an easy one. Groups such as the American Dental Association, the American Medical Association, the National Research Council, the U. S. Public Health Service, the American Public Health Association and the American Water Works Association studied the evidence compiled in the test cities. These groups and others concluded that addition of fluorides in carefully controlled amounts was an excellent method of helping to check dental decay, and that the addition of fluorides produced no harmful results. Fluoridation of public water supplies was on the way.

Here in Florida, two demonstration projects were set up. Gainesville was first to install the necessary equipment, train an operator in the proper handling of sodium fluoride and put fluoridation into practice on October 31, 1949. Approximately a year later, the progressive town of Mount Dora began fluoridating its water supply. These projects were watched carefully for results, and most important—for any harmful effects.

In 1950 the Florida State Dental Association in annual convention endorsed fluoridation and recommended that Florida cities add fluorides to their municipal water supplies as a means of helping to control dental decay.

In 1951, the Florida State Board of Health declared:

"Present experimental evidence indicates that fluoridation of public water supplies, under adequate supervisory control, will result in a significant reduction in tooth decay among children in communities utilizing this water treatment process. So far no harmful effects from this treatment have been demonstrated.

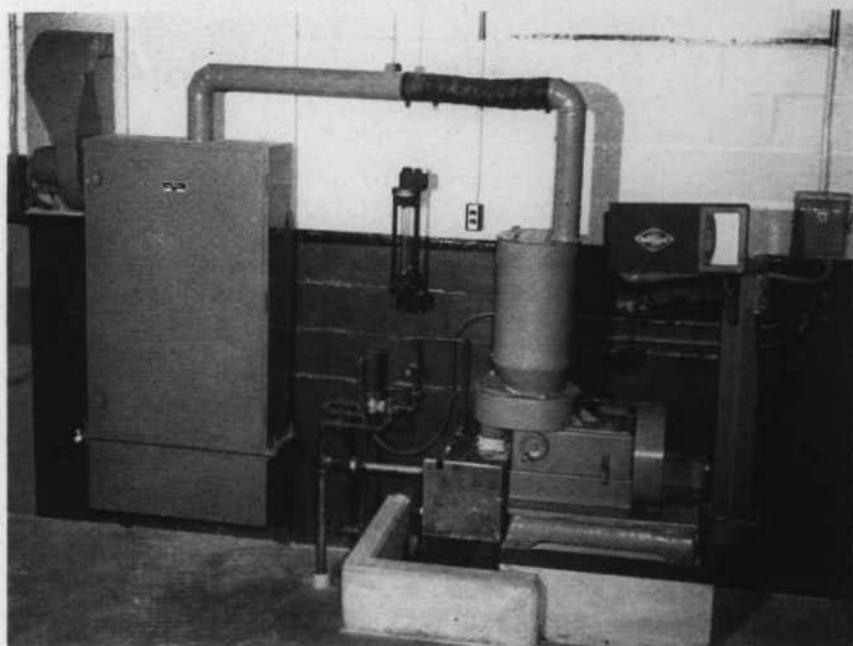
"Therefore the Florida State Board of Health feels justified in approving the application of fluoride to public water supplies deficient in this element. . . ."

But the board realized the need for careful control of sodium fluoride to obtain the best result. It laid down rules and regulations which must be followed before the State Board of Health could approve the addition of fluorides to the public water supplies.

With that "go ahead" signal, the state health agency's Bureau of Dental Health and Bureau of Sanitary Engineering began more active participation in the state's water fluoridation program, the former launching an educational program on the benefits of fluoridation, the latter keeping an eye on installations and personnel to be sure the chemical was added under the necessary strict control conditions.

To date, two more towns, Clewiston and Naples, have added fluoridation service to their water supplies. Metropolitan Miami, with nearly a half-million people in its area, is scheduled to begin fluoridating its water supply during 1952 for the cities and communities using its service. A score or more of cities and towns in Florida also are working toward fluoridation of water supplies for their communities.

It should be emphasized at this point that fluoridation of water supplies is far from a "cure-all" where dental disease is concerned. To gain the full benefits of fluoridation, children must drink fluoridated water from birth, because the enamel of most of the teeth form during the first eight years of life. Individuals who are older when they first begin drinking water that contains the correct amount of fluoride may receive some protection against dental decay, but not as much as the younger children.



Here is the equipment necessary for fluoridating the water supply of a growing Florida city.

Fluoridation of water supplies is not the only way this protection can be made available, tests have shown. Those unable to drink from municipal water supplies treated with fluorides can receive protection with a "topical" application of the substance. This consists of applying a 2% solution of sodium fluoride to the teeth of children by a dentist or a dental hygienist. The teeth are cleaned and dried, and then the sodium fluoride solution is applied to the surfaces. Four applications of this solution, applied at intervals of a few days, are required.

For best results, applications should start when a child is about three years old, and be repeated when he is seven, ten and thirteen. The applications may be given to a child at any age, however. Florida has been offering certain children this protection through the State Board of Health for the past several years. This

state was among the first to utilize a U. S. Public Health Service "team" in a demonstration project on the application of sodium fluoride directly to the teeth. The need for topical application will continue for many years. Thousands of children live beyond the source of municipal water supplies and will have to receive the benefits of sodium fluoride by the topical application method, if they are to receive it at all.

Here it might be said that fluorides occur naturally in a number of public water supplies in Florida. These communities are lucky, for addition of fluorides will not be necessary in these cases. But the cities which will have to add fluorides to obtain its benefits can do it at comparatively small cost. It is estimated that it can be done for a cost of from 8 to 12 cents per person per year. Thus it can be seen that the amount charged for one dental filling would come close to providing a lifetime of protection for the individual by the use of sodium fluoride.

Fluoride is a preventive weapon in the control of dental disease, but it is not 100% effective in controlling dental decay. Because of this, children should continue regular trips to the dentist for the early detection and treatment of diseased teeth and gums.

Fluoridation does not affect the taste, odor or color of the water. It does not add hardness to water and it does not affect water for any domestic or industrial purpose. It is not a medicine. It is an important dietary factor during the time teeth are being formed.



Good Teeth are Essential to Personal Appearance.

Whenever you go to the movies or watch television do you take time out to notice the shiny, even teeth of the hero and the heroine as they go into the final clinch? People who act in the movies or on television must have perfect teeth to face the searching eye of the camera. Few of these people have perfect teeth. Many must of necessity turn to the dentist in order to achieve that "smile of beauty" you read about in the toothpaste ads.

Many people who have perfectly healthy teeth and gums have the misfortune to have some of their teeth twisted out of line; some show definite gaps where teeth failed to develop properly. Other teeth may be too short, too long or irregularly-shaped.

Whatever the defect, it usually will show when you smile. And if the defect is bad enough, it is bound to have some effect on your disposition. So the dental profession has developed a specialist known as an orthodontist. He is, in a manner of speaking, the "beauty operator" of the dental profession. He straightens crooked teeth to improve their attractiveness. These treatments are usually slow, but results are generally worth the trouble in enhanced personal appearance. Many a sober-faced person who refused to smile because of poor teeth has been restored to good humor and better attitudes because of such dental corrections.

And here is a word of cheer for those who discover that poor diet, neglect or both have caused such damage to most of their teeth that they face the need of having them all extracted. No longer will you have to go several weeks waiting for your gums to heal following such wholesale extraction. The new "immediate denture" method, which your dentist can explain, makes it possible for a plate or denture to be made and placed in your mouth as soon as the extractions are completed. In many cases the immediate denture method can be used.



Health is one of the most important aims in education. The establishment of good health habits for children and youth, at home and at school, is an objective of parents and teachers alike. It has been found that no other disease is so common among children as tooth decay. Poor oral health makes it impossible for many students to keep up in their studies and enjoy good sound health.

It is evident, therefore, that an important part of any general health program must be a dental health education program directed toward all-age children and their parents.

The first step in the establishment of a community dental health education program should be a survey or dental examination to determine the nature and extent of the dental health problem in the particular community. In planning for such a dental health program, members of local health agencies (both official and non-official), dentists, physicians, parents, teachers, and other citizens interested in health should be invited to the planning conferences. All can contribute to the success of such a community program and all can help add to their own information on the progress of dental science.



A dental office mounted in a trailer brings service to schools and outlying areas.

It is desirable that any community dental program should include the following phases:

- I. Dental inspections
- II. Follow-up and dental corrections
- III. Sodium fluoride application in communities where sodium fluoride is not being received in the water supply
- IV. Dental health education

Since the teacher is the link between the school and the home, it is easily seen that she can develop into the key person in a dental health education program.

Dental health teaching should be truthful, practical, and interesting. The child must be taught the importance of teeth and a healthy mouth to chewing of food and digestion, clear speech, and attractiveness. The child must learn to eat the right foods, keep his mouth clean, and make regular visits to the family dentist.

The schoolroom teacher can render a great service by the teaching of simple habit patterns that accrue great benefits, such as regular tooth brushing after each meal.

The teacher is encouraged to integrate dental health teaching with other subjects and projects including reading, dramatics, art, music, and science.

No dental health program for children can accomplish much without the interest and help of parents. To bring into closer relationship the home and the school, the PTA should try to develop special demonstration programs to which all parents and interested citizens are invited. Interest can be aroused often by newspaper articles, displays, films, plays, and the distribution of American Dental Association approved materials by the Florida State Board of Health that enable parents to obtain an understanding of the principles of modern dental health.

Every parent should realize teeth have a close relationship to health, that early and frequent dental care is most economical, and that little can be done for a child more important to his future happiness than to enable him to make regular visits to the family dentist.

PREVENTIVE DENTISTRY REDUCES TOOTH LOSS

Modern preventive dentistry includes the following:

1. Good dental care for the expectant mother
2. Fluoridation of community water supplies
3. Topical application of sodium fluoride for children
4. Careful brushing of the teeth after eating
5. A well-balanced diet from infancy through life
6. Reduction of excessive amounts of sugar and carbohydrates in the daily diet
7. Early visits to the dentist for the young child for necessary fillings in the first teeth to preserve them
8. Detection and correction of defects in the permanent teeth
9. Prompt recognition and correction of mal-occlusion (Teeth out of alignment)
10. Restoration of missing teeth
11. Early diagnosis and treatment of diseases of the gums and other tissues in the mouth
12. Visit the dentist at least twice a year for examination and necessary dental treatment

STATUS OF FLUORIDATION PROGRAM IN FLORIDA

Communities Having Fluoridated Water Supplies

County	City	1950 Population	Date
Alachua	Gainesville	26,861	October 31, 1949
Lake	Mount Dora	3,028	October 16, 1950
Collier	Naples	1,465	October 16, 1951
Hendry	Clewiston	2,499	October 17, 1951

Communities Which Have Approved A Fluoridation Program

		Approved for operation	
Dade	Miami	249,276	February, 1952
(Miami furnishes water to: Coral Gables		85,165	
Miami Beach			
South Miami			
West Miami			
Miami Springs			
Miami Shores Village			
Total pop. served		334,441	

Polk	Lakeland	30,851	?
Leon	Tallahassee	27,237	?
Seminole	Sanford	11,935	?
Escambia	Pensacola	43,479	?
Putnam	Palatka	9,176	?
Volusia	Holly Hill	3,232	?

Communities Considering A Fluoridation Program

Pinellas	St. Petersburg	96,738	Approved by Dental Society			
Hillsborough	Tampa	124,681	"	"	"	"
Bay	Panama City	25,814	"	"	"	"
Broward	Ft. Lauderdale	36,328	"	"	"	"
Palm Beach	W. Palm Beach	43,162	"	"	"	"
Volusia	Daytona Beach	30,187	"	"	"	"

The State Board of Health

1217 Pearl Street or P. O. Box 210

JACKSONVILLE, FLORIDA

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Governor of Florida

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All counties in Florida have organized county health departments except

ST. JOHNS and COLLIER COUNTIES

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HN 12-51

"Years of study and research are required before a health measure, such as fluoridation, can be recommended with safety. The dental benefits of fluoridation have been thoroughly explored. In addition, studies have been conducted among people who have lived continuously in areas where the drinking water naturally contains high concentrations of fluorides. The research work has been painstaking, yet no scientist has been able to find any harmful effects from fluorides in the amount recommended for protection against dental decay."

THE AMERICAN DENTAL ASSOCIATION

Florida

HEALTH NOTES

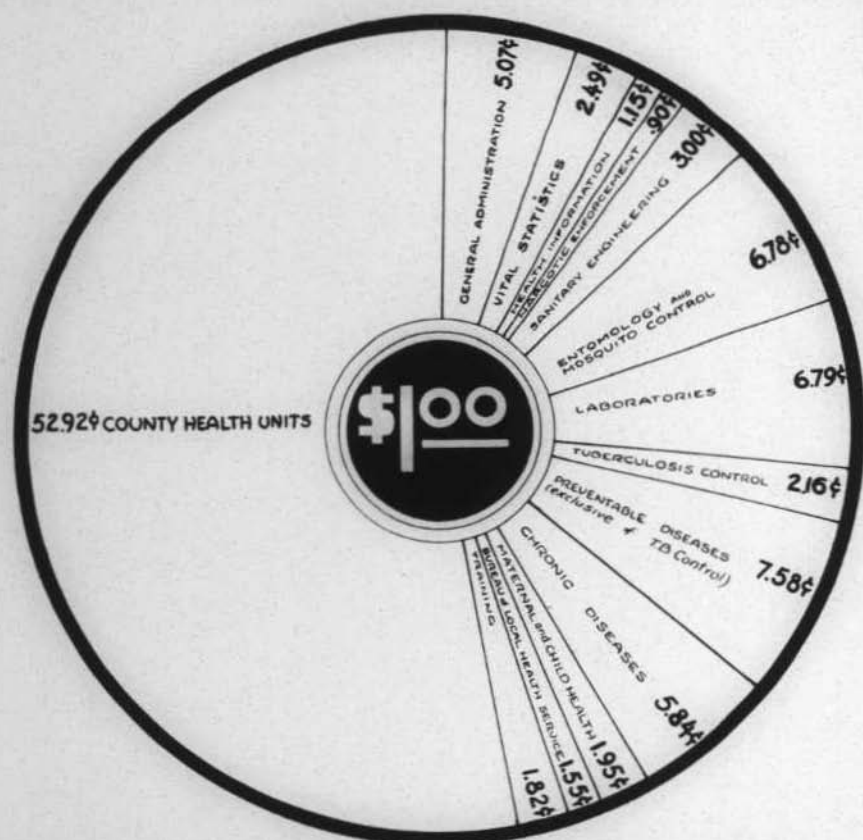


**JUNE
1952**

WHAT HAPPENED IN 1951?

**Vol. 44
No. 6**

PROPOSED BUDGET FOR FLORIDA STATE BOARD OF HEALTH DOLLAR FOR 1952



TOTAL AMOUNT INITIALLY BUDGETED \$5,649,901

GENERAL ADMINISTRATION	\$286,760	TUBERCULOSIS CONTROL	\$122,240
VITAL STATISTICS	140,640	PREVENTABLE DISEASES	428,280
HEALTH INFORMATION	64,620	(Exclusive of TB Control)	
NARCOTIC ENFORCEMENT	50,980	CHRONIC DISEASES	329,817
SANITARY ENGINEERING	169,700	MATERNAL and CHILD HEALTH	110,400
ENTOMOLOGY and MOSQUITO CONTROL	382,920	BUREAU of LOCAL HEALTH SERVICE	87,780
LABORATORIES	383,660	OTHER	102,640
		COUNTY HEALTH UNITS	2,989,464

WHAT HAPPENED IN 1951 ?

The Florida State Board of Health, the principal health agency in the state, had a busy year. So did the 65 County Health Departments. So did the many other official and voluntary agencies in Florida that are concerned with health. This issue of HEALTH NOTES is an endeavor to tell you *very briefly* something about the health of Floridians generally — and the 1951 activities of the State Board of Health in particular. *We've left more unsaid than has been noted.* But, here goes . . .

WHAT HAPPENED IN 1951 . . .

As Concerns the Board Itself ?

This five-man board is the governing body of the Florida State Board of Health. Appointed by the governor, it is composed of three physicians, a dentist and a pharmacist. It met several times during the year and made decisions regarding public health. To give you an idea of just a *few* of the problems that were considered, they:

1. Approved promotion of fluoridation of water supplies to help prevent dental decay.
2. Approved a proposed law to be submitted to the Legislature authorizing the State Board of Health to inspect and license nursing homes and related institutions. (It didn't pass)
3. Adopted new regulations on the control of psittacosis (a disease of parrots).
4. Approved the National Plumbing Code as a part of the Florida Sanitary Code.
5. Discussed a proposed additional building for the State Board of Health in Jacksonville.
6. Appointed a physician as school health consultant.
7. Discussed at length sewerage problems in Dade and Hillsborough Counties.
8. Approved an expanded mosquito control program.
9. Approved certain changes in the Merit System Plan and changes in salary ranges.

The State Health Officer is the leader and coordinator of all activities within the State Board of Health, and serves as Executive Secretary to the Board. His activities are too numerous to mention in detail, ranging as they do from listening to irate citizens complain about their neighbors' sanitary practices to entertaining visiting dignitaries. In between he is concerned with the budget (very important!), frequent consultations with bureau and division directors, constant traveling around the state to visit county health departments and attend meetings, and serving on numerous state and national committees — plus a thousand other unitemized duties.

In Narcotic Control?

The alarming narcotic situation over the entire United States, especially among teen-agers, produced narcotic hysteria among parents. But — not a single case of teen-age addiction in Florida was discovered. The Federal Crime Investigating Committee was unable to show any lack of narcotic control or any teen-age addiction in this state. Florida was cited by Federal authorities as one of the three states in the United States having the best narcotic control program. However, there was an increase of 10% in the number of arrests over 1950.

The Bureau of Narcotics cooperates with the Federal Bureau of Narcotics, the FBI and state, county and city law enforcement bodies (including the State Highway Patrol). Besides dealing with narcotics, the total staff of 13 also puts illegal "doctors" out of business, and guards your drug prescriptions by enforcing the pharmacy laws.

In Dental Health?

The biggest news was in the quickened interest of many communities in adding sodium fluoride to reduce dental decay, particularly in children. Gainesville, Mt. Dora, Naples and Clewiston are now drinking water with sodium fluoride added; during 1951 Miami (supplying water to Coral Gables, Miami Beach, South Miami, West Miami, and Miami Shores), Tallahassee, Palatka and Holly Hill began preparations to bring this benefit to their citizens. Also, a topical Fluoride Demonstration Unit, assigned to Florida by the United States Public Health Service, operated continuously in its job of applying sodium fluoride directly to the teeth of children. It visited 12 elementary schools in eight counties and treated 3,906 children. These figures do not include the same type of service sponsored locally in Tampa.

The Bureau of Dental Health has a mobile dental unit which visited 10 counties and performed a total of 4,782 dental operations on 864 children. Full-time dental clinics were also maintained by Dade, Orange, Pinellas and Hillsborough Counties. These local activities resulted in 8,522 underprivileged children having their teeth "worked on"; 43,300 elementary children had their teeth examined and of these 34,778 were referred to their private dentist.

Excellent as are the above services, they would count for little if dental health education didn't go hand in hand with them. "Preventive dentistry" means simply learning that it's the same with your teeth as in many other things "An ounce of prevention is worth a pound of cure."

In the Laboratories ?

The Bureau of Laboratories did more tests than ever before (2,368,309) and helped your doctor to decide what was wrong with you, as well as engaging in a number of research projects.

They're proudest of the fact that their staff is now relatively stable and that most of their workers have had some of the best training possible. This includes not only technicians at the Central Laboratory in Jacksonville, but those also at the branch laboratories in Tampa, Miami, Pensacola, Tallahassee, and Orlando.

What does a public health laboratory do? It examines water, milk, food; sputum; blood; animal heads — and too many other things to list here. Some of the staff members also worked at the site of an anthrax outbreak in Broward County, constantly examining specimens from animals and men for signs of the dread disease. Twenty-three specimens were positive.

The research projects included studying: better ways to find TB germs; an outbreak of an external ear infection among enlisted personnel at several military bases in the state (as a result of the studies the clinics treating these men changed their treatment); and dysentery infections (salmonella) in dogs and hogs and their relationship to human beings. Three staff members were sent to Korea for short periods to assist in studies on how to control dysentery epidemics, particularly in prisoner-of-war camps.

The Bureau of Laboratories also inspects certain private laboratories and offers them assistance and cooperation. There were 47 of these laboratories licensed in 1951.

In Finance and Accounts ?

This bureau is concerned with a number of items, including that important commodity — money. Personnel activities are in their domain and constant effort is made to adhere strictly to the Merit System regulations which state how employees may be hired and fired. On December 31 there were 1305 persons employed by the County Health Departments and the central office of the State Board of Health, plus 19 persons loaned to us by the Federal Government. Post-graduate training in various universities over the country was completed by 4 health officers, 4 public health nurses, 2 sanitary engineers, 1 veterinarian, 1 laboratory technician and 1 statistician. They came home with increased knowledge that benefits all Floridians.

All purchasing is done through this bureau, too. Requests are made, bids are let and goods received by them. Preparation was made for the new laboratory and health center building that will be constructed adjacent to the present State Board of Health building during 1952. The duplicating department, maintained in the basement of the main building, continued to save the State Board of Health many dollars in printing costs.

We won't try to go into a discussion of State Board of Health finances. Our official annual report gives numerous tables, charts and budgets. But the illustration on the inside of the front cover of this issue of **Health Notes** will give you some idea of how appropriated money is spent.

In Sanitary Engineering ?

Waste Disposal—one of the big problems in Florida today in the field of Sanitary Engineering is "fringe area" sanitation. The rapidly growing subdivisions, often just outside the city limits, often have no group to turn to which might create and operate public water supplies or sewage disposal systems. Septic tanks, in thickly populated areas, may function unsatisfactorily because of Florida's high water table. There is a definite need for subdivision sewerage systems and public water supplies if these new housing projects are not incorporated into the municipalities. Sanitary districts can sometimes meet these needs if legislation has been enacted permitting specific districts to be set up.

There were encouraging developments in the construction of municipal sewage treatment plants. The table below speaks for itself.

MUNICIPALITIES COMPLETING SEWAGE TREATMENT PLANTS IN 1951

Municipality	Population Served
Bartow	7,000
Chipley*	2,000
Cocoa	3,000
Crestview*	3,200
Gainesville*	25,000
Jacksonville—Albemarle Park S/D*	126
Jacksonville—Lake Shore Terrace S/D	900
Jacksonville—Lakewood S/D (Addition to existing plant)	2,000
Jacksonville—Magnolia Gardens	900
Jacksonville—Terrace Park S/D	176
Key West—Dredgers Key Housing Project	3,000
Key West—Peary Court Housing Project	1,500
Lake City (modernized)	6,500
Panama City*	15,000
Plant City	8,000
Sarasota	34,000
Tallahassee	22,000
Tampa	130,000
Tarpon Springs	3,000
TOTAL.....	267,302

(*) Nearing completion at year's end.

Two military projects (Pine Castle Air Force Base and MacDill Field) are constructing sewers and treatment plants. This work was initiated at the request of the State Board of Health. (Information for uninformed people: sewage treatment plants take raw sewage, purify it and allow the fluids to return to nearby streams and thus do not pollute the countryside.)

There was another type of waste which also causes trouble: industrial wastes. These types of wastes are many: starch, laundry water, brewery yeast, milk, citrus, tomato, soap, grease, oils, slaughter house waste, phosphate slime — these are just a few of the by-products of industry that are discharged into our streams and which could kill fish, pollute drinking water, and ruin recreational areas. 35 surveys in 5 different areas of Florida were done in 1951. Considerable work was done on the following bodies of water to determine the effects of pollution from both domestic sewage and industrial wastes: Peace and Alafia Rivers; Moncrief, Sisters, Cedar and Rice Creeks; Lakes Monroe and Apopka; Palm, Fenholloway, Apalachicola, Indian and Crystal Rivers; Bayous Chico, Texas and Grande.

10 industrial waste projects were approved; 7 of these were for the chemical treatment of laundry waste. Preliminary stud-

ies were completed on sources of pollution in the St. Johns River Basin.

201 permits were issued for drainage wells in 11 counties, mostly for air conditioning installations. Incidentally, several conferences were held during the year with members of the Well Drillers Association.

A very successful regional short course was held in Tampa. It was unique in that the sessions were from 2 to 10 P.M. each day allowing sewage treatment plant operators to take care of their routine duties as well as becoming educated!

Public Water Supply and Treatment — when you have 46% increase in population, you must of necessity have more public water supplies and water treatment plants. During 1951 plans and specifications for 94 projects were approved by the Bureau of Sanitary Engineering, representing over 9 million dollars, an increase of 14% over the previous year. 31% of the projects were for real estate subdivisions. Among those communities completing or placing new plants and systems into operation were: Jay, Chiefland, Santa Rosa Island, Sneads, St. Armand's Island, Hawthorne, Bartow and Lake Alfred.

Maybe you would not know that the State Board of Health licenses bottled water plants — well, we do — 33 permits were issued last year.

Swimming pools — 59 new operation permits (31% gain over 1950). There are now 248 public swimming pools under permit.

Seafood — it was a poor production season for oysters, but studies were made in providing better sanitary facilities in the oyster houses. Crabmeat went at such low prices, too, that it was difficult to maintain good sanitary standards.

Food Handlers Training Program — 33 "schools" were held in 15 counties and 18 communities with a total of 3,455 food handlers certified. 246 food establishments were issued certificates for public display for having 80% of their employees certified. Joint programs with the U. S. Navy continued with 5 such programs held in Key West, Jacksonville, and Green Cove Springs. Three programs were held at the TB Hospitals in Orlando, Tampa and Lantana. Four new permanent programs were set up in Bay, Broward and Palm Beach Counties, and one for Indian River, St. Lucie, Martin and Okeechobee.

Etc., Etc. — the Bureau of Sanitary Engineering has many responsibilities. These include canning plants, labor and recreational camps, approving school building sanitary facilities, and tourist and trailer camps.

In Entomology ?

Webster says entomology is "zoology that treats of insects." We're particularly concerned with insects that carry disease to man, and are proud to report that the transmission of these diseases in 1951 was the lowest ever recorded. The Division of Entomology concerned itself with the enforcement of the Structural Pest Control Law which contains regulations for those who offer their services to the public, such as rat and termite control, etc. 166 firms were licensed in 1951.

Many surveys and studies were made in mosquito control, including pest mosquitoes. One of the most interesting was that in which 3 million mosquitoes were placed in vats where they were exposed to radioactive phosphorus supplied by the Atomic Energy Commission. They were later released and thousands of collections were made. The "hot" mosquitoes were then picked out with a Geiger-Mueller tube (counter). Some of these mosquitoes were found 20 miles away within 3 days. Mosquito control (often under the direction of Mosquito Control Districts) continues in many areas by means of draining and chemicals. New equipment was designed for a mosquito fogger. Sand flies (the biting kind) received attention as well as fleas from rats which many carry typhus (only 20 cases of typhus fever were reported in 1951). There was no evidence of any case of malaria being transmitted within the state, though veterans returning from Korea where they might have picked up the disease were a problem.

In Nutrition and Diabetes Control ?

The fact that good nutrition is important to any age group, to any person, regardless of his station in life, is clearly revealed by the variety of requests that this division had. From child care homes to a home for the aged, from nursery school to colleges, from jails to legislative hearings—all of these groups have wanted help. Nutrition classes, cooperative planning and counselling teachers have been among some of the activities carried on. Here in Florida we have wonderful foods, but surveys showed that in certain selected schools only 12% of the children had milk during a given period; 17% green vegetables; 19% citrus; 43% eggs. New attacks were made on our old enemy, hookworm, in areas of the state where it is most commonly found. A trailer was equipped which is able to conduct surveys for intestinal parasites and anemia on the school grounds. 3881 persons (mostly children)

were tested for intestinal worms. 42% of this number had some kind of parasites; 33% had hookworm and 6% had round worms (ascaris). Anemia was not as prevalent as was believed with only 2% below minimum standards.

In diabetes control, much education was disseminated for both diabetics and physicians. 2555 indigent diabetics received free of charge insulin worth \$32,863.66. A mobile unit did a number of blood surveys to find unknown diabetics: 31,334 persons were tested with 411 suspicious of diabetes. The latter were referred to their private physicians.

In Preventable Diseases?

It's a constant fight to cut the toll of human lives and misery. This bureau, for example, keeps a typhoid carrier file and knows where the present 78 are at all times (they're not allowed to work in food establishments). Constant check is made on those two diseases which are fast being wiped out: malaria and typhus. They are gratified to know that the number of cases of diphtheria, typhoid and tetanus (lockjaw) decreased last year, but are disturbed to note a significant increase in whooping cough — only 471 cases in 1950 as compared to 920 in 1951. And young children who are the ones who usually catch it, can be so easily protected by "shots." A survey done on leprosy showed that from 1921-1950 there were 134 cases reported from Florida with 3 or 4 new cases each year. Leprosy is less contagious than TB.

Cancer continued to take many lives, so the Cancer Control Program continues: treatment services, and education for the public and physicians. 15 clinics are operated in the state at: Jacksonville, Pensacola, Orlando, West Palm Beach, Tallahassee, Ocala, Tampa, Ft. Lauderdale, Daytona Beach, Gainesville, Lakeland, St. Petersburg, and Miami. The American Cancer Society, Florida Division, assists many of the clinics with supplies and part-time clerical assistance. In September a study of 100 patients was made to determine if those who had applied for state aid treatment services were really in need. If this sample is a true indication, very few, if any, persons are receiving help that do not really deserve it.

Those diseases that animals pass to man are the concern of the public health veterinarians. For example, they are interested in brucellosis in cattle, which causes undulant fever in man: 84,358 cattle were tested by state, federal and local veterinarians and 2,371 reactors were found in 609 herds. Tuberculosis in cattle is a problem: 94,912 were tested by the same group as above and 46 infected cattle were found. Anthrax gave us a scare with

animals from 17 farms known to be infected in Broward County and one each in Dade and Palm Beach Counties; plus 5 human cases. Rabies dropped from 38 positive animal cases in 1950 to 14 in 1951. But stray dog control and vaccination programs must not be relaxed!

Industrial Hygiene is another busy aspect of the Bureau of Preventable Diseases. Parathion poisoning was studied in co-operation with the Florida Industrial Commission. 140 claims were investigated — 122 proved to be actual cases. Many visits were made to industrial plants to study potential health hazards and recommendations made as to how they might be corrected. 110 X-ray shoe fitting machines were examined — 14 of them had defects which made them hazardous in operation. And 93 letters asking about Florida's climate were answered!

The venereal disease problem continues. The number of syphilis cases were less; gonorrhea remained high. 20 venereal disease investigators were added to the staff. They interview patients, investigate contacts and carry on a constant program of education. The Rapid Treatment Center at Melbourne continued to operate though it will close July 1952 and its activities will be returned to the county health departments.

In Vital Statistics?

Figures are essential — to know about the number of our births, deaths, still-births, sickness, marriages, and divorces. How are we growing? What's the state of our health? The answers lie with the Bureau of Vital Statistics and with its registrars and sub-registrars that are found in every community large and small in Florida. Some interesting figures reveal that:

1. There was a gain of 46% in Florida's population in the 10 year period 1940-50 (Incidentally, we gain about 40% in population every 10 years)
2. The rate of gain is increasing among whites; among colored, it's getting smaller.
3. The white birth rate was 22, the colored rate was 32.1 per thousand population.
4. 85% of all births were attended by physicians; 98% of all white births and 53% of the colored births.
9. 92% of white births occurred in hospitals; 39% of colored births.
6. There were 26,794 marriages.
7. There were 18,431 divorces and 187 annulments.
8. 84,296 persons requested a certified birth certificate.
9. 1419 adoptive birth certificates were filed.

As strange as it may seem, there are still a few physicians and midwives who do not register all the births they attend. They cause no end of trouble!

Highlands	14,110	15	---	5	---	5	16	78	8	4	
Hillsborough	260,650	200	7	70	20	3	82	361	1,167	83	98
Holmes	14,010	12	1	---	---	---	2	8	43	5	8
Indian River	12,570	7	---	---	1	---	4	16	45	1	6
Jackson	34,690	36	1	7	2	---	12	42	141	3	9
Jefferson	10,410	21	2	2	2	3	7	8	60	3	6
Lafayette	3,440	2	---	1	---	---	1	4	19	---	1
Lake	38,440	37	2	9	1	1	24	57	185	7	18
Lee	23,420	16	---	4	1	1	5	32	146	9	16
Leon	53,600	40	1	11	3	2	23	48	179	12	19
Levy	10,790	8	1	1	1	---	4	11	46	8	1
Liberty	3,180	2	1	---	---	---	3	2	17	1	---
Madison	14,210	24	---	---	1	1	8	21	87	1	7
Manatee	36,670	29	---	5	2	---	7	61	233	6	9
Marion	38,960	42	3	10	4	1	14	33	215	16	18
Martin	8,280	4	---	2	---	---	2	13	56	6	2
Monroe	32,720	33	1	5	1	---	11	37	75	10	22
Nassau	13,360	12	---	5	1	---	10	9	62	8	7
Okaloosa	30,370	25	3	1	---	---	6	15	65	14	20
Okeechobee	3,550	4	---	1	---	---	1	8	28	---	4
Orange	122,060	90	3	20	6	---	34	171	651	38	45
Osceola	11,630	5	---	2	1	---	4	22	117	3	4
Palm Beach	118,090	85	5	17	6	---	34	170	613	43	65
Pasco	22,280	15	2	3	---	---	3	34	115	8	11
Pinellas	166,520	76	1	15	10	---	53	381	1,319	36	66
Polk	127,030	97	3	11	3	2	45	166	556	40	41
Putnam	25,080	31	1	9	1	---	19	37	131	9	15
St. Johns	25,850	22	---	1	3	1	10	33	132	5	9
St. Lucie	22,010	40	---	2	1	---	12	27	81	10	6
Santa Rosa	18,930	17	---	4	2	---	9	15	63	6	13
Sarasota	31,240	23	1	8	3	---	10	45	185	14	15
Seminole	27,500	42	---	4	2	1	12	27	151	3	12
Sumter	11,550	10	1	2	2	---	2	8	40	4	4
Suwannee	17,010	24	---	2	1	---	17	17	87	4	12
Taylor	10,410	7	---	---	1	---	2	12	64	5	---
Union	7,120	---	2	---	---	1	3	2	22	2	2
Volusia	78,170	49	4	8	7	---	31	141	455	13	35
Wakulla	5,300	3	2	---	---	---	4	7	22	1	---
Walton	14,940	13	---	1	1	---	7	20	68	6	9
Washington	11,900	8	---	1	---	---	5	10	43	3	6

**RESIDENT BIRTHS, DEATHS, AND RATES PER 1,000
POPULATION, FLORIDA, 1941 - 1951**

YEAR	BIRTHS	RATE	DEATHS	RATE
1951*	70,212	24.2	27,941	9.7
1950	64,370	23.0	26,525	9.5
1949	61,642	22.9	25,317	9.4
1948	59,685	23.1	24,505	9.5
1947	60,201	24.2	24,150	9.7
1946	54,347	22.8	22,750	9.6
1945	48,839	21.5	22,594	9.9
1944	49,186	22.4	23,251	10.6
1943	46,783	22.0	23,213	10.9
1942	40,675	19.8	21,144	10.3
1941	37,351	18.8	21,438	10.8

*Data for 1951 is preliminary.

In Local Health Services?

One new county health department was set up in Lee County. That makes 65 counties now enjoying full-time health protection, leaving only two (St. Johns and Collier) without such services. The 1951 Legislature "upped" the state appropriation for county health departments from \$750,000 to \$850,000, but this barely covered costs for services to our greatly increased population. 17 of our 51 health officers, in addition to their M.D. degrees, have a degree of Master of Public Health. (This takes an extra year of study.) Four county health departments (Alachua, Dade, Hillsborough, and Pinellas) were approved to take young physicians for a "residency" period in public health. All of the above activities are the responsibility of the Bureau of Local Health Service. This bureau also assists in every way possible the staffs of the 65 county health departments—who are the ones who guard your health—every day in every way. County health departments in Florida are doing an outstanding job. **Do you know what they're doing in your county?**

The Division of Public Health Nursing stressed inservice or "on the job" education for the approximately 400 public health nurses who are now employed in Florida. This staff also helped plan how student nurses from the schools of nursing could get public health nursing experience; and what we could offer graduate nurses who came to Florida to get field experience following postgraduate education. 140 visits were made to county health departments by the nursing consultants. They've also been active in teaching Civil Defense classes. They continued midwife instruction and helped license the 423 still active in Florida. Three communities also asked for help in setting up Visiting Nurse Associations to give care to those needing bedside nursing on a part-time basis.

Field Technical Staff—this group consists of a director (medical); two nurses, two sanitarians and two clerical workers, all of whom function as consultants to the county health departments. It is impossible to record all they do, but some idea of their work can be gained from the following:

Counties Visited		Number of Visits
Sanitarians	43	91
Nurses	35	72
Record Consultants	62	138

This staff also helps to coordinate the work of the county health departments with the various bureaus and divisions of the State Board of Health. A two-way interpretation constantly goes on. A major function is to help the county health departments evaluate their activities — so that they will know better how to serve the people of their respective areas.

Field Training Center

This Center which is located at Gainesville, Florida, under the supervision of the director of the Alachua County Health Department, gives practical experience to those persons who have had specialized public health training, and those who come into this type of work with basic professional or non-professional preparation. Since January 1946 the Center has trained 43 health officers, 74 nurses, 51 sanitarians and 30 clerks. It can be seen the largest group is sanitarians. This is understandable in light of our increasing awareness of sanitation problems throughout the State. It is noted that the general educational background of those who are selected for training is improving with eleven of the fifteen sanitarians training this past year having had two or more years of college level work. The Center badly needs better library facilities, more adequate housing and a number of other items which would help to make these few weeks' training more meaningful to the individuals who go there for an introduction to public health work.

In Maternal and Child Health?

A physician was appointed as consultant in school health to take up his duties January 1, 1952, thus cementing even closer the bonds between the State Board of Health and the State Department of Education. These two organizations work continuously together to improve the health of school children, their knowledge of health, and their school surroundings.

Since prematurity is the first cause of death among babies in Florida, four doctor-nurse teams were sent to the New York Hospital - Cornell Medical Center to take special work in the care of premature babies. Certain hospitals in Florida were surveyed to determine if they would like for their nurses to have additional training in this field. 41 institutions replied "yes." Much interest was displayed in the Demonstration Premature Infant Care Center at Jackson Memorial Hospital in Miami, which receives \$50,000 a year from the U. S. Children's Bureau (through the State Board of Health). During 1951 there were 242 admissions to the Center. 181 babies lived. These babies came from Dade, Broward

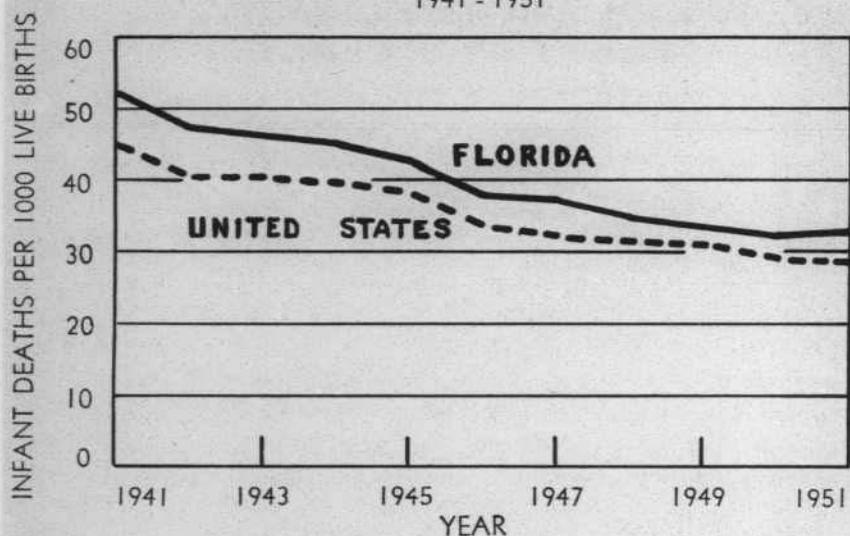
**MATERNAL AND INFANT DEATH RATES,
FLORIDA AND U. S., 1941 - 1951**

YEAR	FLORIDA		UNITED STATES	
	INFANT	MATERNAL	INFANT	MATERNAL
1951	32.9*	1.3*	28.8**	0.8**
1950	32.3	1.3	29.2**	0.7**
1949	33.7	1.8	31.1	1.0
1948	34.9	1.9	31.8	1.2
1947	37.8	2.2	32.2	1.3
1946	38.5	2.9	33.8	1.6
1945	42.8	2.9	38.3	2.1
1944	44.9	3.3	39.8	2.3
1943	46.3	3.5	40.4	2.5
1942	47.5	4.0	40.4	2.6
1941	52.6	6.1	45.3	3.2

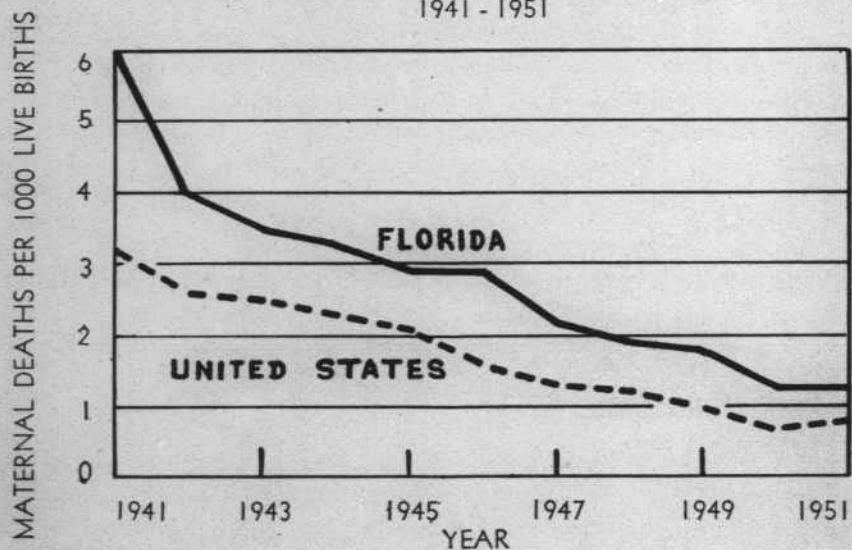
* Preliminary data.

** Estimated data.

INFANT DEATH RATES, FLORIDA - UNITED STATES
1941 - 1951



MATERNAL DEATH RATES, FLORIDA - UNITED STATES
1941 - 1951



and Palm Beach Counties. The need for such a special demonstration is apparent when you know that Florida ranked 33rd in the nation in 1950 in infant deaths.

Local medical societies were stimulated to form Maternal Welfare Committees since Florida stood 44th in the nation in maternal deaths in 1949. As an example of their work, the Dade County group investigated 46 maternal deaths occurring from 1947-1951. Of the 37 investigated the committee felt that 26 (70%) of these deaths could have been prevented.

There were many other activities in the Bureau of Maternal and Child Health concerned with hearing, vision and nutrition as well as numerous meetings with many groups, both lay and professional who are concerned with children's health and welfare.

In Heart Disease Control?

This program is a comparatively new and small one in Florida. But a disease that is a number one killer deserves attention. Probably the most interesting project is the one being conducted in Pensacola. The Naval School of Aviation Medicine, in conjunction with the State Board of Health, started in 1949 to study a representative sample of school children in Pensacola to determine if there were many cases of unknown heart disease; and also to establish standards for electrocardiogram and heart size in healthy children 10 to 20 years of age. So far 2600 children have been examined and 22 were found to have definite heart disease. These examinations confirmed the belief that rheumatic fever is found much less often in the southern states than it is in northern areas.

The Miami Heart Institute opened in Miami Beach. It is a sanitarium style hospital, under private auspices, which will care for persons with heart disease.

Diagnostic facilities were expanded at the National Children's Cardiac Home. Negro children from the state of Florida now have available 13 beds at this institution. An out-patient diagnostic clinic is operated once or twice a week. The primary interest of the Home is rheumatic and congenital heart disease.

In Mental Health?

There are now seven Child Guidance Clinics in Florida. Duval County is the latest one to open its doors. These clinics are supported by federal, state and local funds. Some special activities of each of the Child Guidance Clinics have been:

Dade County — now has two psychologists, two psychiatric social workers, and three psychiatrists available for service. This facility is now working in close cooperation with the Guidance Department of the school system.

Duval County — was organized in August. Support was received from many local sources and the clinic is housed in the School Administration Building. 63 cases were treated with parents making the most referrals.

Hillsborough County — carries on an extensive community education program, one notable feature of which is dramatizations of typical cases. The type of problems seen at the clinic are many with the largest number (46%) being behavior problems.

Leon County — a psychiatrist from Florida State University now devotes 1/3 of his time to the clinic. The staff is also engaged in training five graduate students in clinical psychology and two in psychiatric social work. This group also conducts a subclinic at the Florida Industrial School for Boys at Marianna.

Orange County — a full-time psychiatric social worker was added to the staff. Surrounding counties were given additional service this past year. 214 persons were seen, of which 17 were adults. Frequently it's parents who need help rather than the children.

Pinellas County — once a month a case conference is scheduled for representatives from various organizations such as the Juvenile Court, Police Department, School System, etc. An additional service for parents is conducted on Friday mornings when they may visit the clinic for consultations about their children without thought of starting treatment.

Polk County — 51% of the 202 patients were referred by schools; 19% by parents and 18% by social agencies; 19% were behavior problems and 32% had mental deficiency. A vast number of communities are served by this clinic in Polk, Highlands, Hardee and Sarasota Counties.

The State Board of Health staff for the Mental Health Program constantly traveled over the state to assist the above clinics

as well as to inform other counties who are looking forward to establishing such a service in the near future. Contact was maintained with Florida State University, University of Florida and University of Miami. Continued interest was shown in the problems of epilepsy.

In Tuberculosis Control?

An all-time low was reached — only 513 persons died from Tuberculosis, a rate of 17.7 per 100,000 population. But these 513 are too many, so constant efforts are made to further reduce this number. The Central Case Register in Jacksonville has an alphabetized master index of all known cases in the state, and there are local registers in 50 counties. At the end of 1951 there were 2200 persons who had active TB who were not in hospitals; 1031 of these had Tuberculosis germs in their sputum. Of course, the latter can easily spread the disease.

Mass chest X-ray surveys are carried on by the four mobile survey units of the Bureau of Tuberculosis Control. 380,727 persons received a chest X-ray examination, of which 697 had definite evidence and 3274 persons were suspicious of TB. Another 199 persons showed possible signs of lung tumors and 964 displayed some kind of heart condition. Also 3020 persons had some other abnormal conditions in the thoracic cavity. Large X-rays were made of those cases needing follow-up and a travelling X-ray diagnostic clinic and consultation clinics were available to county health departments and local physicians.

In Civil Defense?

This subject is such a big one that we shall devote only a small space to it! In brief, the Florida Medical Association has the responsibility for all phases of medical care; the State Board of Health has the responsibility for public health activities, radiological training, disposal of the dead, stockpiling of biologicals and drugs and the blood program. The latter has been "sublet" to the Florida Association of Blood Banks and the Red Cross in a cooperative relationship. Two health officers, two sanitary engineers and two nurses received out-of-the-state instruction and a two-day conference on Radiological Health and Civil Defense was held at the University of Florida. Nothing has been done about the stockpiling of drugs since no money has been made available. From the above it can be seen that the State Board of Health is working cooperatively with the State Office of Civil Defense.

In Health Information ?

The Division of Health Information can speak only for itself in this case, since health education is carried out by many agencies and groups: schools, churches, county health departments, health organizations, radio stations, newspapers and a host of others. Suffice it to say the Division of Health Information works harmoniously with all the other bureaus and divisions, county health departments and with all agencies concerned with health: supplementing, complementing and initiating programs. Specifically:

1. An artist worked full time on graphs, charts, exhibits, layouts, signs, posters, etc.
2. Our film library (448 prints of 203 titles) circulated 3,686 films which were shown 9,833 times to 683,896 persons.
3. Double post cards were sent to all those who receive HEALTH NOTES monthly; 62% returned their cards. Comments were generally favorable.
4. The library loaned 7904 articles and "dug" for information in response to 1692 requests from professional persons throughout the state.
5. All kinds of media were explored: television, blotters for physicians, seminars, etc. Wish we had more money!
6. Foreign students were oriented — ditto new and old Health Department personnel.
7. The press secretary wrote about 150 newspaper articles; covered several medical meetings; made many photographs; wrote several issues of HEALTH NOTES and was assigned for several months on a part-time basis to the State Office of Civil Defense.
8. Plus dozens of other activities.

FLORIDA HEALTH NOTES

Published monthly except July and August on the 5th of the month by the Florida State Board of Health. Publication office, Jacksonville, Fla., headquarters of the State Board of Health. Entered as second class matter, Oct. 27, 1921, at post office, Jacksonville, Fla., Act of Aug. 24, 1912. It is intended primarily for individuals and institutions with an interest in the state health program, public and private. Permission is given to quote any story. Clippings of quotations or excerpts would be appreciated.

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1217 Pearl Street or P. O. Box 210

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All counties in Florida have organized county health departments except
ST. JOHNS and COLLIER COUNTIES

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FLORIDA HEALTH NOTES 139

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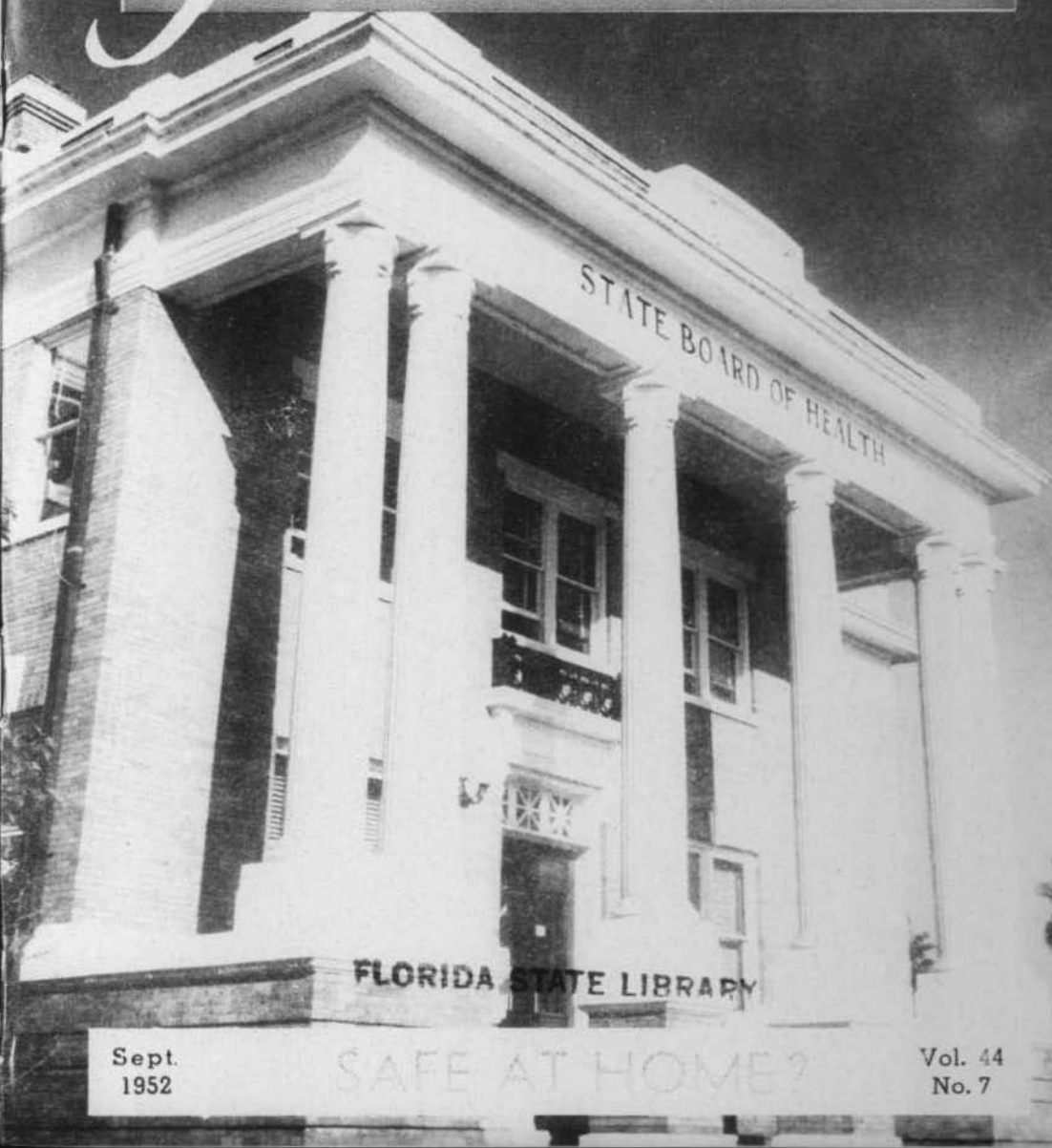
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"The general health conditions for the year have been excellent. . . . Thus the citizens of the State have enjoyed an absence of conditions which occasion apprehension, and the business interests of Florida have not been interrupted or disturbed from this source. . . . This healthful condition can be partially attributed to the influence of the work of the Board, which has been felt throughout the State and in heeding its teachings and advice sickness has been averted and confidence maintained."

*(From the State Board of Health's
Sixth Annual Report for 1894)*

Florida

HEALTH NOTES



Sept.
1952

SAFE AT HOME?

Vol. 44
No. 7



SAFE AT HOME?

When we talk about safety these days we Floridians think almost instinctively of highway safety and the rising toll of deaths on our public roads. But there's another place where accidents occur in great numbers and that's *at home*.

In 1951, 454 persons lost their lives in home accidents in Florida. According to the experts this means we also have about 1,800 persons who were permanently injured or disabled, and 65,000 who were temporarily disabled.

Add up (if you can) the heartbroken relatives, the days of pain, the loss of hope—as well as the cost in dollars—and you will get an idea of how big a problem *home safety* is in Florida—and the nation—today. And so many of these accidents could have been avoided if an ounce of prevention had been used.

For example—are you concerned with slipping scatter rugs, broken stairways and toys scattered on the floor? *You should*—for 189 persons died from accidental falls in Florida in 1951.

Do you get rid of piles of oily rags and rubbish and make sure that cigarettes and matches are put out? *You should*—for 97 persons died in fires in Florida in 1951.

Do you put cleaning supplies, medicines and insecticides away where children can't get at them? *You should*—for 29 persons died from accidental poisoning in Florida in 1951.

Do you keep firearms locked up, unloaded and out of the reach of children? *You should*—for 27 persons died from accidental gun wounds in Florida in 1951.

Do you dress your baby in clothes without drawstrings, let him sleep without pillows and see that he is not smothered with blankets? *You should*—for 26 children died of accidental mechanical suffocation in Florida in 1951.

Do you always have adequate ventilation where portable and gas heaters are used? *You should*—for 21 Floridians died from accidental gas poisoning in 1951.

The above figures show just a few of the ways in which some of our friends, neighbors and relatives died last year. Such a useless waste of life! For no figures can tell adequately of the shock and sorrow that was borne by the bereaved families. But what is even more shocking—think of the hundreds who are disabled for life through *preventable* home accidents.

For Example —

Let's first tell the story of Mr. Podalba. He was born in Czechoslovakia, but was brought to this country at an early age. He finished the eighth grade then got a job in a railroad shop. He married an American girl and they raised a family of five—three boys and two girls.

When Mr. Podalba was 65 and got his pension, he and his wife moved to Florida. They bought a little farm and raised vegetables which they sold at a roadside stand to supplement their income. None of the children moved South, but made occasional visits to their parents.

One Sunday morning Mr. Podalba was in his bedroom getting ready for church. He heard his wife cry out in the kitchen and, afraid that she was hurt, he whirled to go to her. The scatter rug in front of the dresser slipped from under his feet and his head struck the corner of the dresser as he fell.

He was rushed to the hospital unconscious, and hovered between life and death for several weeks. He slowly recovered, but is so weak that he must be cared for at all times. His memory is poor and he doesn't see so well.

This illness has taken all of the Podalba's savings. The pension is barely enough for them to live on, but Mrs. Podalba can't leave her husband for any length of time so she can't work away from home. The children send a little something from time to time, but they have their families and have little left over at the end of the month. Mrs. Podalba doesn't want to go back North. Here, in Florida, she can let Mr. Podalba sit in the sun most days, and she remembers Northern winters too well.

Mr. Podalba will probably linger on for a number of years. As he becomes more of a care the County Welfare Agency will have to help Mrs. Podalba with expenses.

What should have been a pleasant old age for the Podalbas turns out to be one of pain, suffering and near poverty. His accident, which could have been prevented, touches other lives besides his own, including the community in which he lives.

Mr. Podalba's name does not appear in any statistics. But he's a very real statistic, just the same, one of the 1,800 who sustained some kind of permanent injury as a result of a home accident in Florida last year.

—And a Little Girl

Then there's the story of Mary Ann Trinkle. She was four when the accident happened two years ago. She was the baby in a family of three children. Unusually bright, she was always "into everything." She asked a thousand questions a day and wanted to investigate everything that came her way. Her father (a bookkeeper) and mother were very proud of her but Mrs. Trinkle admitted she really was a handful.

One day Mrs. Trinkle was preparing for a picnic and was boiling some eggs. The handle of the saucepan extended out away from the stove. Mary Ann asked her mother what she was cooking and Mrs. Trinkle replied "eggs." Mary Ann insisted, "I want to see." Mrs. Trinkle, busy at the sink, said automatically: "It's just eggs. Now get out of the kitchen." Mary Ann, riding her tricycle, reached over and took hold of the handle of the saucepan and tipped it over. The boiling water was cascading over her when her frantic mother turned, at her screams.

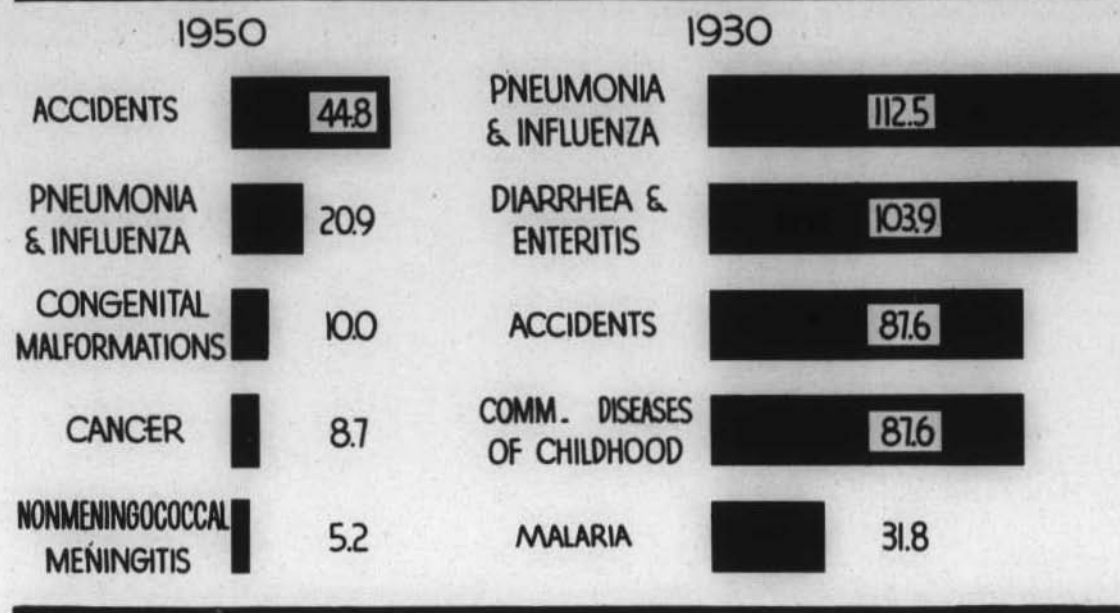
The result? Mary Ann was immediately hospitalized with third degree burns of the neck, arms and leg. The first time she was in the hospital she stayed 54 days and the Trinkles spent almost a thousand dollars—all their savings. Then when it was found that Mary Ann would have to have repeated plastic surgery, the family had to have help from the Florida Crippled Children's Commission. So far, she has cost the Commission over \$2,500.

The result? Mary Ann at six is a child who has known pain and misery beyond what anyone should have to endure in a lifetime. The family's savings are gone; the taxpayers must now bear the burden; Mary Ann will never look exactly like other children, even though the doctors have worked miracles on her.

We won't stop to point out the moral of Mary Ann's story here. She isn't one of our statistics, either.



**LEADING CAUSES OF DEATH AMONG CHILDREN AGES 1-4
WITH DEATH RATES PER 100,000 POPULATION
FLORIDA 1950 *and* 1930**



A Stitch in Time

Home accidents caused 30 per cent of all accidental deaths in the United States in 1950. Furthermore, accidents rank high in the causes of death for all ages, and are the first cause of death in children. It used to be that communicable diseases took so many lives that accidents were considered a minor killer. But now that we've learned so much about how to *prevent* diphtheria, whooping cough, smallpox, etc., the number of deaths from these diseases is small and we realize we must attack the other chief killers—among them, home accidents.

Just as a few centuries ago, ignorance of cause led people to ascribe diseases to demons as today we blame our accidents on bad luck or chance. Accidents have a specific cause—just as communicable diseases, and many of them could be *prevented*.

Why do people have accidents? We can sometimes easily identify accident-prone circumstances (slippery scatter-rugs, broken steps, faulty electric cords, etc.) but it is more difficult to identify accident-prone persons. Investigators have found that there are people who are much more likely to have accidents than others. There is that group which is unusually careless or absent-minded; those who are always in a hurry must also be considered. They run through the house rather than walk and often slip and fall or otherwise injure themselves. Worry, fatigue, grief and anxiety interfere with alertness. We have all noticed that when our minds are diverted by such things we are much less prone to take precautionary measures. Some children use accidents to attract attention and gain sympathy, but adults also will sometimes unconsciously wish that they might meet with an accident so as to unconsciously revenge themselves on those who do not appreciate them. This type of thinking can lead to accident proneness. Those who become angry easily and frequently are more likely to have accidents. Childhood accidents often follow a pattern which is a reflection of resentment and maladjustment. To help such accident-prone persons calls for education—though it is not always possible to bring about changes in an individual's personality.



It is not difficult to identify accident-prone persons. It can be done by simply keeping count of the number of accidents that a person has. This method, however, has some disadvantages since a person may be disabled or killed before a decision is made!

The Small Ones

Over 24 per cent of the home accidents in Florida in 1951 concerned children under five years of age. It is well to remember in a discussion of this kind that four-fifths of the accidents to this age group are ascribed to the errors of adults, therefore, safety education on behalf of these children must be directed to this group.

It is obviously impossible to outline each protective and every educational effort against all possible accidents to children. But a few are suggested in the following paragraphs.

The major hazards in a home must be eliminated when you have a child, but wise parents will not over protect their child. They will let him make his own investigation around the house at a time when they can watch him. If he isn't smothered with attention when he hurts himself, he will soon learn to stay clear of obvious hazards.

The first fear that a baby has is loss of security, therefore, always support his head and back and never for a moment leave him alone when he is in a tub or on a table. Never leave safety pins open or within his reach. Try to keep him out of the kitchen during mealtimes but if you can't, put him in a play pen or high chair. Be sure you keep the tray to the high chair down (and locked if necessary) and fit some type of harness over him so he cannot climb out of the high chair when your back is turned. Keep pots and pans out of his reach—even small babies can reach surprisingly far and fast for shiny pots and pans. Give him toys that suit his age—soft balls, rag dolls and rattles. Remember that many a baby dies of suffocation because of small objects that he naturally takes into his mouth. Avoid those toys which contain

stones or shot because if they are broken he may swallow the contents. Small toys with removable parts, such as wheels or small buttons for eyes, should not be permitted. When a baby is teething he will sometimes chew on the crib rail. Make sure it is not painted with a poisonous paint, especially if you have repainted it yourself. He doesn't need a pillow and there should be no drawstrings on his sleeping garments. Neither does he need a restraining sheet.

A baby has to investigate as he grows older. It is the way he learns about the world around him but there are certain precautions that can be taken to keep him from hurting himself when he is hunting new experiences. Victims of fatal poison accidents are most often children under five. Poisonous substances in kitchen or bathroom, or anywhere in the house, should be either in locked cabinets or out of the tot's reach.

Children love to play with matches. Teach your child the dangers of fire and matches and never allow him to play with them until he is old enough to use them intelligently. If you must keep guns in the house make sure they are unloaded and under lock and key. The handles of pots and pans present a tremendous challenge to youngsters barely able to reach them. When they are filled with scalding liquids they can maim and kill. Children must be taught to view with caution scissors, sharp knives, broken china or old razor blades. Climbing always presents a challenge and sometimes gates must be used to keep small tots from falling down steps. Teach your child a few fundamental rules—one at a time and not too many. Eliminate the hazards that you can in the house; supervise your child when he is small.

The best authorities tell us that during the first few years of life, discipline should probably concern itself only with acts that threaten the child's safety. Of course, this discipline should be used sparingly by loving parents. The runabout child must learn about heat, pain, gravity and what shouldn't be put in the mouth. He should learn that large amounts of water in his nose and mouth are not pleasant. However, if all a parent does all day is to yell aimlessly at her child, the results will be either timidity or the development of a "deaf ear." Try to make his education about safety a really constructive affair.

THE NEW LIFESAVING THE AMERICAN NA

REPRINTED IN THE INTER
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•To revive a person taken from the water or suffering from electric shock, etc., the operator first places his hands on the victim's back so that the thumbs just touch and the heels of the hands are just below a line running between the armpits.

•He then rocks forward slowly, keeping the elbows straight, until both his arms are approximately vertical, exerting steady pressure on the chest to expel air from the lungs.



NOTE: This method can be used to revive p

METHOD APPROVED BY TIONAL RED CROSS

EST OF PUBLIC SAFETY
E BOARD OF HEALTH



•Then the operator rocks back to the kneeling position, slowly sliding his hands to the victim's arms just above the elbow, thus getting ready for the next phase of the procedure.

•Continuing to rock backward, he raises the victim's arms until resistance and tension are felt at the victim's shoulder. Then he drops the arms and repeats the cycle about 12 times per minute.

ple overcome by gas, electric shock, etc.

The Older Ones

Approximately 42 per cent of all accidents in Florida last year happened to people 65 years of age and over. So it stands to reason that the older age group must have special attention when it comes to prevention of injuries. Their bones are more brittle and they are injured more easily than younger persons.

People tend to become more careful and self-protective as they grow older. Therefore, one must conclude that faulty vision and difficulty in walking cause many home accidents.

In the age group of 65 and over, twice as many women die in falls in the home as do men. Perhaps it's because an older man may spend a lot of time safely in a rocking chair discussing politics, whittling or watching television while the elderly woman continues to keep on with her housework!

Since falls are a major danger, special attention must be given to the elimination of small loose rugs. Rugs with turned-up edges should be nailed down. Shaky stairs and rickety banisters should be repaired. Unsteady bedside tables should be removed. Above all, an unobstructed pathway must be maintained between the bed and the bathroom, especially at night. A night light should be situated so that it gives adequate soft illumination. The bedrooms of many old people are filled with furniture with which they hate to part so never move any of the furniture unless the oldster is well acquainted with the new arrangement.

Since older persons frequently have faulty vision, special care must be taken in going up and down steps and in removing objects from the floor over which they might stumble. Highly waxed floors are unwise. Whenever possible ramps with railings alongside should be used instead of stairs. Slippery bathtubs are dangerous unless a good handhold is provided or a rubber mat placed in the bottom of the tub. When eyesight is poor and the lighting is not good, don't forget to remove garden tools lying on the walk.

Make sure an easy chair is what it says—easy to get out of as well as easy to sit in. The bed should be high enough so that when the older person sits on the side of his bed he can just comfortably reach the floor with his feet.

HURRICANES

A discussion of home safety in Florida is incomplete without a discussion of hurricane precautions. Floridians know many hours (and usually days) in advance of "attack" by a hurricane. Loss of life is rare, though property damage may be suffered. Frequently injury could have been avoided if simple precautions had been followed.

"Old-timers" will not need the following suggestions; newcomers to the State may profit by them.

1. Make sure that you have some kind of safe artificial light ready if the electricity goes off. A kerosene lamp, flashlight and candles (used with caution!) may be substituted.
2. Repair doors, shutters, and loose shingles on the roof. Make sure screens can be secured tightly.
3. Stay indoors during the storm; falling objects cause many injuries. Don't dash out the minute you think the storm is over; these tropical blows have a habit of reversing their direction.
4. Provide some *safe* means of heating water, coffee, etc. Electricity and gas may go off.
5. Lay in a small supply of canned goods and other foods that will keep without refrigeration.



SAFETY FIRST ALWAYS

1. Do you use a ladder or stool to stand on instead of a rickety chair or box?
2. Do you repair frayed electric cords or loose electric plugs and switches in your home?
3. Have you taken care of those hazards, such as holes, protruding nails, splinters and loose boards over which people might trip?
4. Do you keep a supply of small tools always handy, such as screw driver, hammer, pliers, etc., so you can easily make repairs?
5. Are your screens strong and securely fastened to prevent an accidental fall from the window?
6. Have you ever planned what you would do in case you have a fire at home?
7. Do you make sure you're not overloading your electric circuits when you install new electrical appliances?
8. Do you always run your car motor with the garage doors open?

Probably 3,500 children under the age of 14 will be killed in homes in the United States by accidents, in 1952.

Burns, scalding, explosives	1,000
Falls, bruises, lacerations, cuts	1,000
Suffocation—bed clothes, gas, choking on objects, drowning	1,000
Firearms, firecrackers	200
Poisons	200
Electrical shocks, etc.	100
Total	<u>3,500</u>

PROTECT YOUR CHILDREN

1. Do you have a gate at the top of stairs to keep a toddler from falling?
2. Do you make sure that heavy objects, such as irons and table lamps are placed so that children cannot easily overturn them?
3. Do you keep matches and fire arms in safe places out of reach of children?
4. Do you keep sharp objects, such as scissors, knives and tools, where children cannot reach them?
5. Do you place pots and pans on the stove so that the normally inquisitive child cannot grab the handle and overturn the contents on himself?
6. Do you keep small objects, such as pins, thimbles, nails and matches where young children cannot get them and put them in their mouths?
7. Are medicines, cleaning materials and poisons always kept out of reach of small children?
8. Do you use a safety cover for your electrical plugs in the baseboards so children can't put their fingers in them?
9. Do you keep sharp glass and tin cleaned up so children don't step on them—and insist on their wearing shoes if this isn't possible?



LIVE SAFELY

1. Do you make sure your hands and feet are dry before touching any electric switches and appliances?
2. Do you make it a habit not to smoke in bed or when becoming drowsy?
3. When sawing a board, do you keep your thumb up and against the blade rather than down near the teeth of the blade?
4. Do you know how to shut off your gas, water and electricity in an emergency?
5. Do you always disconnect all your electrical and gas appliances when you are leaving the room or the house for any length of time?
6. If you are dry cleaning clothes or draperies, do you keep near an open window and away from flames?
7. Do you use a rubber mat in the bottom of your shower or bathtub, or have a "grab bar"?
8. Do you always carry large objects *below* the level of your eyes?
9. Are the medicines in your home clearly labeled?



HOW IS YOUR HOUSEKEEPING ?

1. Are pads or other devices used to prevent rugs from slipping and causing falls?
2. When you wax the floor do you make sure that it has been well buffed to prevent slippery spots?
3. Do you keep stairways and floors free of articles, such as toys, marbles, brooms and mops over which persons might fall?
4. Do you keep your closets and storerooms free from rubbish and oily rags which may become a fire hazard?
5. Does your open fireplace have a well fitting screen in front of it?
6. Are closet doors and other inside doors kept closed or left in such a position that no one can run into them?
7. Do you tie curtains back to prevent them from blowing into open flames of the gas stove?
8. Do you always wipe up grease and other slippery substances from the floors and stairs?
9. Are hoes, rakes and other garden tools, as well as roller skates, kept off of garden walks?
10. Is your clothesline high enough so it won't "hang" you?

WHAT CAN BE DONE ?

We are realistic enough to know that all accidents cannot be prevented, but we do know that some of them can be averted. The ways that are enumerated in this issue of HEALTH NOTES are merely some of the things we might do to prevent injury and death. You can name many other precautions that might be taken.

For example, make a periodic inventory of your home, check on unsafe aspects and do something about them!

Most schools have some kind of a safety program. Should it not include some instructions on home safety as well as play ground and school safety?

First aid courses sponsored by the American Red Cross are obtainable in many cities and towns in Florida. Yet too few people take advantage of them. If an accident does happen in your home, be prepared to meet it intelligently and perhaps save a life or keep someone from having a permanent injury. Keep a first aid kit handy and see that it is kept replenished.

If you are interested in a safety program in your community, there are many local safety councils (some affiliated with the National Safety Council), as well as numerous safety committees throughout the State. Find out what **you** can do to help prevent home accidents.

FLORIDA HEALTH NOTES

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The State Board of Health

1217 Pearl Street or P. O. Box 210

JACKSONVILLE, FLORIDA

HON. FULLER WARREN

Governor of Florida

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Mental Health Program

All counties in Florida have organized county health departments except
ST. JOHNS and COLLIER COUNTIES

FLORIDA HEALTH NOTES published by Florida State Board of Health since 1892

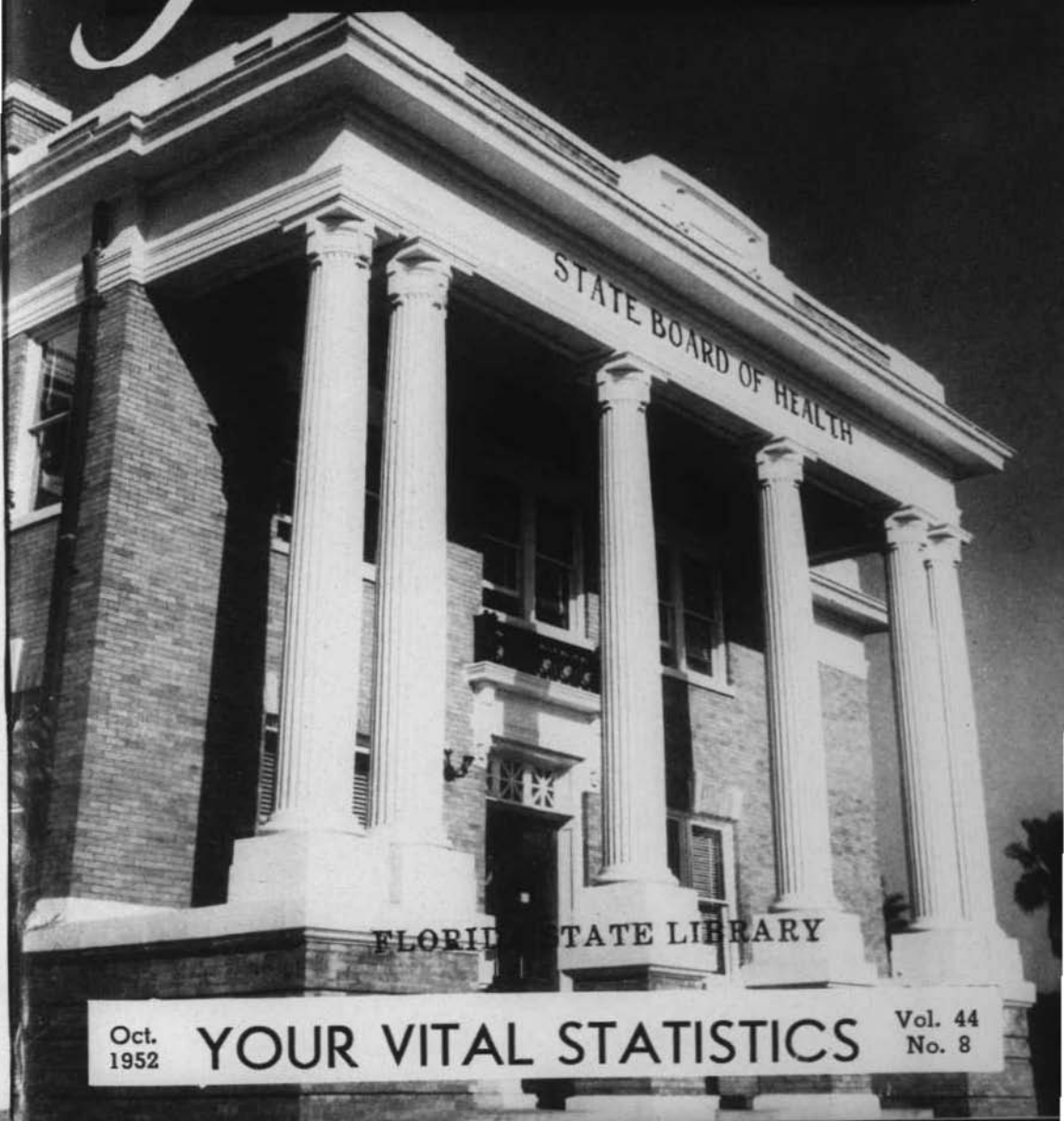
FLA. STATE LIBRARY
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TALLAHASSEE, FLA.

HN 12-51

An accident is "an event that takes place without one's foresight or expectation; especially one of an afflictive or unfortunate character." Make your home a place fit to live in – with a minimum of accidents!

Florida

HEALTH NOTES



Oct.
1952

YOUR VITAL STATISTICS

Vol. 44
No. 8

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
JACKSONVILLE 1, FLORIDA



CERTIFIED COPY

STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS		FLORIDA		BIRTH NO. 109- 51-064290	
1. PLACE OF BIRTH		2. RESIDENCE OF MOTHER		3. REGISTRAR'S NO.	
a. COUNTY Duval		STATE Florida		b. COUNTY Duval	
c. CITY (If outside incorporated limits, write RURAL) Jacksonville		d. CITY (If outside incorporated limits, write RURAL) Jacksonville		e. STREET ADDRESS 1738 Bartram Rd.	
4. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's		5. CHILD'S NAME		6. DATE OF BIRTH	
a. (First) Pamela		b. (Last) Cligrow		c. (Month) (Day) (Year) Jan. 29, 1951	
7. SEX		8. TIME OF BIRTH		9. TIME OF DAY	
Female		SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> TWIN <input type="checkbox"/> TRIP <input type="checkbox"/>		12:34 PM	
10. FULL NAME		11. AGE (in years of this child)		12. BIRTHPLACE	
James		37 years		Tenn.	
13. FULL MAIDEN NAME		14. AGE (in years of this child)		15. BIRTHPLACE	
Helen		28 years		Tenn.	
16. INFORMANT		17. CHILDREN PREVIOUSLY BORN TO THIS MOTHER		18. COLOR OR RACE	
Mother		0		White	
19. SIGNATURE		20. DATE SIGNED		21. DATE ON WHICH GIVEN NAME ADDED	
Chas. W. Mason		Jan. 4, 1952		BY	
22. DATE RECD BY LOCAL		23. SIGNATURE		24. DATE ON WHICH GIVEN NAME ADDED	
JAN - 7 1952		Chas. W. Mason		BY	

HEREBY CERTIFY THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THIS OFFICE.

(NOT VALID UNLESS THE SEAL OF THE FLORIDA STATE BOARD OF HEALTH IS AFFIXED.)

AUGUST 14 1952

Wilson T. Sowles, M.D.
STATE REGISTRAR

Everett H. Williams, Jr.
DIRECTOR, BUREAU OF VITAL STATISTICS

YOUR VITAL STATISTICS

The registration of births and deaths is becoming more important each year. This is proven by the continual increase in requests for certified copies of these records. During the year 1951, the Bureau of Vital Statistics received over 84,000 requests for certifications of these records.

All original birth and death certificates for this State are on file at the Florida State Board of Health, Bureau of Vital Statistics, Jacksonville. These records serve two main purposes.

First, they are of value as legal documents for individuals. Certified copies of birth and death records are acceptable in courts as prima facie evidence of the facts contained thereon. Secondly, these records are of value to the community as a source of statistical data. Vital statistics has often been called "The Book-keeping of Life and Death." A study of births and deaths in a community will point out the major health problems and enable the health department to plan its program more effectively. Continued study of vital statistics provides a means of measuring the effectiveness of existing programs and also points out new health problems as they arise.

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Who Registers a Birth?

The physician or midwife attending the birth of a child is responsible for the preparation and filing of the birth certificate. The State Law requires this record to be filed within ten days after the date of birth.

Who Registers a Death?

The funeral director is responsible for the filing of the death certificate. He must see that the attending physician completes and signs the medical certification as to the cause of death and also secure the signature of the nearest relative to verify the personal particulars concerning the deceased. The State Law requires that the funeral director file the death certificate and obtain a burial-transit permit before the expiration of three days or before the remains are buried or moved out of the country.

Where Does the Local Registrar Send the Certificates?

On the 5th of each month all local registrars send the original certificates to the Bureau of Vital Statistics, Florida State Board of Health in Jacksonville. The certificates are reviewed and queried for missing items. They are then bound in volumes and permanently filed in a fireproof vault. These records are also numbered and indexed for quick reference.

How Long Have Births and Deaths Been Recorded in Florida?

The first law requiring birth and death registration in this State was enacted in 1899. Prior to that time births and deaths were recorded by a few cities and some of these old records have been turned over to the State Board of Health for preservation. A few birth records go back as far as 1865 and death records go back to 1877.

The law of 1899 proved ineffective since it did not provide for the appointment of local registrars to actively collect records. The "Model Vital Statistics Act" was enacted by the State Legislature in 1915 and an effective system of vital statistics registration was established by January 1, 1917.



A view of the fireproof vault where vital records are kept.

Where Are Birth and Death Certificates Registered?

Birth and death certificates are filed with the local registrar. The health officer is the local registrar in most counties and certificates are filed with the local health department. The local registrar makes a copy of each certificate for his files.

How Do Parents Know That Their Baby's Birth Has Been Registered?

Soon after the birth certificate has been received by the State Board of Health, The Bureau of Vital Statistics will send the parents a notification of Birth Registration. If parents do not receive this notification before the baby is four months of age, they should write to the Bureau of Vital Statistics so that steps can be taken to have their child properly registered.

The purpose of the birth notification is to let the parents know that the child is registered and to give them a chance to verify the correctness of the important items on the certificate. If any information is incorrectly stated or left out the parents should note the errors on the reverse side of the birth notification and return it to the Bureau of Vital Statistics for correction. The birth notification is not a certified copy and should not be confused with a certified photostatic copy or a birth registration card.

What Is a Certified Photostatic Copy?

This is a photostatic copy of the original birth or death record certified by the State Registrar and the director of the Bureau of Vital Statistics and imprinted with the Seal of the State Board of Health. These copies are specified by State Law as being prima facie evidence in all courts.

Occasionally parents write and ask for the "original" of their child's birth record. This request cannot be granted because the original certificate is maintained at the State Board of as a permanent state record. Actually these parents were confused and what they really needed was a certified photostatic copy. (An example of a certified photostatic copy is seen on the inside of the front cover of this issue of HEALTH NOTES. N.B. There won't be a picture of a baby on yours.)

This is the notice that the parents should receive within four months following their child's birth.

FLORIDA HEALTH NOTES 167

PHS-500 (NVS)
12-47
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

NOTIFICATION OF BIRTH REGISTRATION
NATIONAL OFFICE OF VITAL STATISTICS

The following record of birth has been received by the State Registrar:

NAME OF CHILD John Edward Dowd

NAME AND ADDRESS OF MOTHER

┌
Mrs. G. J. Dowd
1721 Roseland Drive
Palatka, Florida
└

Certificate No. 109-52-013748

DATE OF BIRTH April 6, 1952

PLACE OF BIRTH Palatka, Putnam Co., Fla.

SEX OF CHILD Male

FATHER'S
FULL NAME George John Dowd

MOTHER'S
MAIDEN NAME Mary Jane Smith

Everett H. Williams Jr.

(Special Agent, U. S. Public Health Service)

16-54365-5

168 OCTOBER, 1952

The reverse side of the NOTIFICATION OF BIRTH REGISTRATION seen on the previous page.

TO THE PARENT

This is your notice that the birth of the child named on the face of this form has been registered at the office named below.

If you find any errors in the information, please print the correct information below, sign the form and return it to:

BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH
JACKSONVILLE 1, FLA.

NAME OF CHILD _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

SEX OF CHILD _____

NAME OF FATHER _____

MAIDEN NAME OF MOTHER _____

DATE SIGNED _____

SIGNATURE _____

PHS-600 (NVS) (BACK)

16-54985-5 U. S. GOVERNMENT PRINTING OFFICE

BIRTH REGISTRATION CARD			
FLORIDA STATE BOARD OF HEALTH			
BUREAU OF JACKSONVILLE		VITAL STATISTICS FLORIDA	
NAME	Pamela Susan Cligrow		
BIRTH DATE	Dec. 29, 1951	BIRTH NUMBER	109- 51-064290
BIRTH PLACE	Jacksonville	FLORIDA	
RACE	White	SEX	Female
RECORD FILED	Jan. 7, 1952	DATE ISSUED	Aug. 14, 1952
This is a true certification of name and birth facts as recorded in this office.			
BY	E. H. Williams Jr. DIRECTOR, BUREAU OF VITAL STATISTICS		WILSON T. SOWDER, M.D., M.P.H. STATE REGISTRAR
STATE OF FLORIDA			

What Is a Birth Registration Card?

Another type of certification of birth is the birth registration card. This card is sealed in waterproof plastic and may be carried in your wallet or purse. It is legal proof of your birth date and birth place.

Who Can Obtain Certifications?

A birth registration card for any person may be obtained by any applicant. However, birth certificates are designated by state law as being confidential and certified photostatic copies are restricted to the following: the registrant if of legal age, his parents or guardians, health, social and governmental agencies approved by the State Board of Health, and upon court order.

Certified photostatic copies of death certificates may be issued to any applicant who has a proper interest in that record.

Any of the above certifications cost \$1.00 each.



Hundreds of requests are received daily for information about Floridians' vital records.

Corrections on Certificates

After birth and death certificates have been placed on file, errors which may appear upon them may be corrected provided sufficient evidence can be presented. The kind of evidence required by the state registrar will depend upon the type of corrections desired. Persons desiring corrections on records should write to the Bureau of Vital Statistics at Jacksonville.

Birth Certificate for an Adopted Child

If a child born in Florida has been legally adopted and proof of adoption is furnished to the Bureau of Vital Statistics, a new birth certificate may be filed in place of the original birth record. This new birth certificate will not disclose the fact of adoption. It is identical to the original birth certificate except that it contains the

child's new name and information concerning the child's new parents. At the present time the clerk of the circuit court routinely sends a certified statement of each adoption to the State Board of Health. In cases where a child is adopted in this state but was born in another state the adoptive parents should contact the Bureau of Vital Statistics of the state where the child was born.

Children Born Out of Wedlock

The Florida law provides that a child born out of wedlock automatically becomes "legitimate" if its parents subsequently marry. In cases of this type parents should notify the State Board of Health so that a new birth certificate can be placed on file for the child.

The birth certificate for a child born out of wedlock should show the name by which the child will be known. It is not necessary that this be the Mother's maiden name.



The newest type of electronic equipment is employed for the tabulation of vital statistics.

172 OCTOBER, 1952

MARGIN RESERVED FOR BINDING
Write plainly with unfading black ink—this is a permanent record. Every item of information should be carefully supplied.

U.S. #200

State Board of Health

Bureau of Vital Statistics

FLORIDA

STATE FILE NO. _____

REGISTRAR'S NO. _____

BIRTH NO. _____

1. PLACE OF DEATH a. COUNTY Duval		CODE NO. 26-10	2. USUAL RESIDENCE a. STATE Florida b. COUNTY Duval	
b. CITY OR TOWN Jacksonville (If outside corporate limits, write RURAL.)		c. LENGTH OF STAY (in this place) 10 years	c. CITY OR TOWN Jacksonville (If outside corporate limits, write RURAL.)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Utopia Hospital (If not in hospital or institution, give street address or location)		d. STREET ADDRESS 121 Rain Street (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) X. c. (Last) Doe, Jr.		4. DATE OF DEATH (Month) (Day) (Year) January 1, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 1, 1912	9. AGE (In years last birthday) 40 If under 1 year: Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Life Insurance		11. BIRTHPLACE (State or foreign country) Texas
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John X. Doe, Sr.		
14. MOTHER'S MAIDEN NAME Florida Taylor		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War II		
16. SOCIAL SECURITY NO. 111-00-2222		17. INFORMANT'S SIGNATURE Florida Doe ADDRESS 520 Rain Street, Jacksonville, Fla		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain injury INTERVAL BETWEEN ONSET AND DEATH 9 hours ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION Jan. 1, 1952 19b. MAJOR FINDINGS OF OPERATION Concussion of brain 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. PLACE OF INJURY (n.e., in or about home, farm, factory, street, office bldg., etc.) street		21c. (CITY OR TOWN) (COUNTY) (STATE) Jacksonville Duval Florida		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 1, 1952 6A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Auto-train collision		
22. I hereby certify that I attended the deceased from Jan. 1, 1952 , to Jan. 1, 1952 , that I last saw the deceased alive on Jan. 1, 1952 , and that death occurred at 3 P. m., from the causes and on the date stated above.				
23a. SIGNATURE I. Tried		23b. ADDRESS M. D. Utopia Hospital, Jacksonville		23c. DATE SIGNED Jan. 1, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE January 3, 1952		24c. NAME OF CEMETERY OR CREMATORY Always Restful Cem.
24d. LOCATION (City, town, or county) (State) Jacksonville Florida		25. FUNERAL DIRECTOR'S SIGNATURE Will Gettum ADDRESS Jacksonville, Fla.		
DATE REC'D BY LOCAL REG. Jan. 2, 1952		REGISTRAR'S SIGNATURE R. U. Prompt		

TEXT MAY BE LOST DUE TO TIGHT BINDING

Are All Births Occurring in Florida Registered?

No. A survey made by the Census Bureau in 1950 indicated that 97.5 per cent of the births in Florida were registered. *This means about 1,750 children born in Florida during 1950 have no birth certificate on file.* A similar survey made in 1940 showed 89.9 percent of the births in Florida were registered. This indicates that considerable improvement in birth registration has been made in this state during the ten year period. The completeness of birth registration varies among the counties of this state. The map and chart on pages 178 and 179 show the percentage of births registered in each county in 1950.

Delayed Birth Registration

Any person more than four years of age born in Florida without a birth certificate on file may establish a record of his birth by filing what is called a "delayed birth certificate." A delayed birth certificate filed with the State Board of Health must be accompanied by sufficient documentary evidence to prove the following facts: birthplace, birthdate, and names of parents. Each of these facts must be supported by two pieces of documentary evidence. Any type of written record which was made more than five years prior to the date of application is acceptable. For children under 12 years of age, the requirements are less.

The requirements of this State are similar to those of most other States and are patterned after the minimum standards recommended by the National Office of Vital Statistics. It is important that the requirements for evidence be maintained at a level which will assure the acceptance of our birth certificates by all agencies which require these records. Every effort has been made to make the filing of a delayed birth certificate as easy as possible and at the same time uphold our standards so that these records will be honored by all agencies as proof of the facts of birth.

August 26, 1952

Florida State Board of Health
P. O. Box 210
Jacksonville, Florida

Dear Sir:

Would you be good enough to send me a birth certificate for my son, John — ? He was born on December 31, 1946, but they won't admit him to school without a certificate. I went to the health department offices here and they do not have a record of his birth. I don't know why my doctor didn't make one out for him.

Please reply right away.

Sincerely,

Mrs. Andrew —

State Board of Health

Please send me a birth certificate. I am 17 years old and want to join the Marines. They say I do not look old enough. My mother says I was born March 23, 1935. See if that is what is in your records.

It is almost impossible in this day and age for a person to live many years in this country without establishing some records which will show his or her birthdate and birthplace. Most young children can produce a baptismal record or Sunday School enrollment record which shows when and where they were born. Many children also have a hospital record, Bible record, or insurance record which can be used. Older children will have established a school record which shows the facts of their birth.

Almost everyone born prior to 1940 can obtain a record from the United States Census Bureau at Washington, D. C. Persons who resided in this state in 1935 or 1945 can obtain a verification of their age and birthplace from the State Census Records by writing to Honorable Nathan Mayo, Commissioner of Agriculture, Tallahassee, Florida. Other types of evidence which can frequently be obtained are as follows: marriage application, social security application, military record, employment record, voting registration, postal savings account.

This is another in the long list of strange appeals with which the registration officials are familiar.

"Please advise me if it is possible for me to change my first name (Gladys). I have suffered a terrible inferiority complex all my life due to the implications accompanying this name, and feel if it were dropped completely, I would be a new person. I would like the name of Mary or Jane.

"My two sons have urged me to write this letter of inquiry because they too, not only dislike the name intensely, but feel it does not suit my personality. Incidentally, my eldest son would like to name his daughter after me when (and if) he has one, but detests the name 'Gladys.' My brother recently refused to name his new baby girl after me for the same reason. No one has ever said they liked my name and sometimes I think it influences them in getting a first favorable impression of my character and nature."



A potential first grader accompanies his mother on a visit to the local registrar of vital statistics. He must have proof of his age in order to enter school.

So you thought there was only one way to spell "birth certificate"? Here are a few samples of how it was spelled in letters to our Bureau of Vital Statistics requesting copies:

birth ceficut
 birth surstific
 briththiff
 birth cirtesct
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Why Register Births?

- For entrance to school
- For employment
- For marriage license
- For military service
- For passports
- For proving parentage
- For inheritance of property
- For voting
- For settlement of insurance
- For driver's license
- For social security benefits
- For establishing citizenship
- For veterans' benefits

Why Register Deaths?

- For life insurance claims
- For settlement of estates
- For names of parents
- For settlement of pensions
- For Veterans Administration benefits

PERCENT OF BIRTH REGISTRATION COMPLETENESS FOR EACH COUNTY OF FLORIDA, BY RANK, 1950

Rank	County	%	Rank	County	%	Rank	County	%
	FLORIDA	97.5	23	Volusia	98.3	46	Highlands	95.8
1	Brevard	100.0	24	Broward	98.2	47	Holmes	95.7
2	Charlotte	100.0	25	Duval	98.2	48	Levy	95.7
3	Citrus	100.0	26	Sarasota	98.1	49	Palm Beach	95.7
4	DeSoto	100.0	27	Sumter	97.9	50	Hamilton	95.6
5	Flagler	100.0	28	Bay	97.8	51	Putnam	95.3
6	Gulf	100.0	29	Santa Rosa	97.8	52	Leon	95.2
7	Hardee	100.0	30	Columbia	97.7	53	Lafayette	95.0
8	Hendry	100.0	31	Calhoun	97.6	54	Jackson	94.3
9	Hernando	100.0	32	Manatee	97.6	55	Okaloosa	94.2
10	Liberty	100.0	33	Gadsden	97.4	56	Indian River	93.0
11	Okeechobee	100.0	34	Jefferson	97.4	57	Madison	92.5
12	Osceola	100.0	35	Escambia	97.3	58	Pasco	92.4
13	St. Johns	100.0	36	Martin	97.3	59	Clay	88.9
14	Suwannee	100.0	37	Polk	97.3	60	Washington	88.1
15	Wakulla	100.0	38	Franklin	97.2	61	Marion	87.1
16	Pinellas	99.4	39	Orange	97.2	62	Collier	85.7
17	Monroe	99.4	40	Alachua	97.0	63	Taylor	84.4
18	Seminole	99.3	41	Baker	96.7	64	Dixie	82.4
19	Dade	99.2	42	Walton	96.7	65	Gilchrist	75.0
20	Lake	99.0	43	Bradford	96.6	66	Glades	75.0
21	Hillsborough	98.8	44	Lee	96.3	67	Union	63.2
22	Nassau	98.7	45	St. Lucie	96.0			

Public Health Uses

Vital statistics may also be considered as records from which your health agencies learn what is happening to the population; how many individuals are born each year; how many die, and from what causes; whether a particular cause of death occurs more frequently in one age than in another, or more often in males than in females, in white people or negroes, or perhaps more frequently in one particular section of the State.

Certain health officials in planning programs and allocating funds will wish to utilize such basic data as the following, in which the causes of death are ranked in order of their importance.

FIVE LEADING CAUSES OF RESIDENT DEATHS WITH RATES PER 100,000 POPULATION, FLORIDA, 1951.

Rank	Cause of Death	Number of Deaths	Rates Per 100,000 Population
1	Heart Disease	9,129	314.6
2	Cancer	3,751	129.3
3	Vascular lesions of central nervous system	3,298	113.7
4	Accidents	2,011	69.3
5	Diseases of early infancy	1,406	48.5

A word of explanation may be in order regarding some of the rates which are used in the presentation of vital statistics.

For most purposes it would be of little meaning to state that in a given year city A had 100 deaths from tuberculosis while city B had only 20. Obviously if one wishes a comparison of the tuberculosis mortality in the two cities, a knowledge of the number of people residing in each city is necessary and important.

It is for this reason that many data are often presented in the form of a rate, which is simply the number of times an event occurs among a given population within a certain time. For example, in the year 1951, 1,686 residents of Dade County, Florida died of heart disease, but only 89 residents of St. Johns County. However, suppose we relate the Dade County heart disease deaths to the population of that County as follows:

$$\frac{1,686 \left\{ \begin{array}{l} \text{Deaths due to heart disease among} \\ \text{residents of Dade County in 1951} \end{array} \right\}}{540,400 \left\{ \begin{array}{l} \text{Estimated resident population of} \\ \text{Dade County as of July 1, 1951} \end{array} \right\}} = .003120$$

For convenience of expression we multiply by a constant, frequently 100,000 and express the rate in terms of that constant as: $.003120 \times 100,000 = 312.0$ (heart disease deaths per 100,000 population).

This tells us that during 1951, of every 100,000 residents of Dade County 312 died of heart disease. A similar procedure for St. Johns County gives a rate of 344.3. Thus, while Dade County had a great many more deaths from heart disease during 1951 than did St. Johns County, it appears that, during the stated year, heart disease was a more important mortality factor to the residents of St. Johns County than to those of Dade County.

Before planning how to reduce mortality from any particular cause, health officials almost certainly will want to determine the specific population group to which the disease is most important, that is: is the death rate higher among white persons or negroes, and among males or females.

Consider, for example, tuberculosis; the death rate for which in 1951 was 17.9 deaths from tuberculosis per 100,000 population. Persons interested in tuberculosis mortality will wish to study the rates specific for color which were as follows:

**RESIDENT TUBERCULOSIS DEATH RATES PER 100,000
POPULATION, BY COLOR, FLORIDA, 1951.**

COLOR	RATES
Total	17.9
White	12.2
Non-white	38.7

This breakdown indicates that tuberculosis mortality among non-white residents is over three times that among whites. Voluntary and public health agencies, civic groups, and other persons interested in working for healthier communities, will utilize data similar to the above, (and also data according to sex, age, and other factors), not only for tuberculosis, but for other diseases contributing to the mortality.

Two almost parallel concerns of public health authorities are those of maternal mortality (deaths due to childbirth) and infant deaths (deaths of children under one year of age). The two are usually considered in a single program, "Maternal and Child Health." In such a program questions which must invariably arise are: "Out of 1,000 births to Florida residents in a given year, how many children will die in the first year of life?", "How many mothers will die because of childbirth?", "Of what will they die?", "Will the mortality be higher among white mothers and infants or colored mothers and infants" and, "Is it influenced by the age of the mother or the order of birth of the child?", "Do some counties have unusually high infant and maternal death rates?, if so, are most births attended by physicians or midwives, in hospitals or at home, and are differences in these conditions associated with differences in the infant mortality rates?"

The above questions in addition to many other pertinent queries, can be answered in whole or in part by an analysis of birth and death certificates.

It is hoped that continued collection and analysis of stillbirth certificates will assist in reducing this substantial loss of potential life in Florida.

Sociologists will continue to manifest increasing interest in marriage and divorce trends and their implications as related to family and community life in the State.

These then, are some of the uses which are made of the vital records filed in your State Health Department. They will continue to be, with proper interpretation, an important and valuable tool in outlining and evaluating public health programs, determining natality and mortality trends, and assisting in better community and State planning.

The State Board of Health

1217 Pearl Street or P. O. Box 210

JACKSONVILLE, FLORIDA

HON. FULLER WARREN

Governor of Florida

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Mental Health Program

All counties in Florida have organized county health departments except
ST. JOHNS COUNTY

FLORIDA HEALTH NOTES published by Florida State Board of Health since 1892

FLA. STATE LIBRARY
SUPREME COURT BLDG.
TALLAHASSEE, FLA.

HN 12-51

"Many people had never considered a birth certificate to be of any importance until old age assistance, employment insurance, and other ramifications of the Social Security Act demonstrated to them that it was necessary to have this official proof of their existence. Everyone in the United States is now willing to agree that each child born is entitled to proper certification of its birth."

Wilson G. Smillie
Public Health Administration in the United States.

Florida

HEALTH NOTES



Nov.
1952

20,000 MISSING!

Vol. 44
No. 9

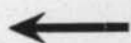
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20,000 MISSING!

20,000 missing diabetics in Florida! Where are they? And why is the Florida State Board of Health concerned with them? Isn't diabetes the concern of the private physician? Indeed yes, for it is the private practitioner of medicine who diagnoses and treats the diabetic, but the Florida State Board of Health (in cooperation with the 66 county health departments) also constantly searches for unknown diabetics. You may have seen one of the big trailers in your town with the words "Diabetes Detection Unit" on the side of it. Or you may have taken part in a "multi-phasic" survey, where such a trailer stopped and offered to test you for diabetes, syphilis, anemia, and tuberculosis. (Of course, the County Health Department and local Medical Society had invited them.)

But to get back to diabetes. Any disease that affects large numbers of people becomes a natural concern of the Florida State Board of Health, and we know that 382 people died with diabetes in Florida in 1951. This places it among the 10 major causes of death. But another big problem is posed by the many thousands who must learn to live with diabetes. The discovery that a person has diabetes, and the adjustment he must make in his daily life frequently comes as a great shock. Happily, more and more people are making this adjustment successfully. It requires understanding, study and adherence to a regime prescribed by a private physician. It also requires understanding on the part of relatives, friends and employers.



Food and insulin must balance.

Who Are They?

Who are the missing 20,000 people in Florida? They are the unknown diabetics, of all ages, sizes, colors, and conditions, living in the length and breadth of our peninsular state — and they are missing from their doctors' offices.

This 20,000 is a conservative estimate of the number of people in the State who have diabetes and do not know it. This figure was not chosen at random but is based on Florida and national surveys which determine the percentage of diabetics in our population. It has been established that two per cent of our adult population has diabetes. Half of the diabetics do not know they have this condition. The question then logically follows:

Why do these people not know they have diabetes? This is an easy question to answer. They have never had an adequate medical examination for this condition, or they are unaware of the symptoms of diabetes, or they may have no symptoms of it. One may wonder why hundreds of these people should concern themselves about having diabetes when they are apparently doing all right and perhaps showing no ill effects from this condition. The very nature of diabetes itself is the answer to this. Diabetes may be compared to a country which is being undermined by a communist infiltration. On the surface the country seems to be getting along in its normal state. Perhaps there is a little loss of prestige or economic trade, or of political harmony, but on the whole no drastic changes are occurring. Suddenly after progressive undermining on the part of these subversive forces, the country finds itself in a serious condition. There is economic and political strife and it is unable to maintain its position as an independent nation in a free world. SO IT IS WITH DIABETES. The pancreas is able to maintain the body in a normal state to all appearances, but inwardly there is a gradual failure, for the body is unable to use sugar and starches as it should. There is the slow loss of resistance to disease and the power of quick recovery. Suddenly one day disaster strikes. It may be in the form of a necessary operation or an automobile accident. With this new damage to the body, coupled with the undermining of resistance,

the individual may be unable to recuperate normally and finds himself unable to continue in his normal routine.

Should the unsuspected diabetic not be confronted with such an emergency situation, it is possible that he may go for a number of years with no outward appearance of his internal failure. Suddenly some complication of the unknown diabetic state descends on him. Through self neglect, many individuals have first become aware of diabetes only after they have loss of (or impaired) vision, or loss of a limb. Others may have this previously unsuspected condition brought home to them with a dramatic and explosive incident, namely, the dreaded diabetic coma.

How much better then would it be if each individual routinely had himself checked for the presence of diabetes by his physician. For the *controlled diabetic* is a successful and competent individual who can hold his place in the world of business and society, home and the family.

What Is Diabetes?

Diabetes is a glandular disease. It is the result of failure of one gland, called the pancreas, to supply enough of an important hormone called insulin. The pancreas is a small gland which lies between the stomach and the backbone. In its normal condition, it secretes the hormone which enables the body to use and store sugar from the foods eaten. When this gland fails, or when the secretion known as insulin is insufficient then the condition known as diabetes exists.

When food is eaten some of it turns into sugar in the intestine and then goes through the intestinal walls into the blood stream. In the individual having a normally functioning pancreas, it is then used for energy or stored for future use. In the diabetic this is not true. The food eaten is turned to sugar in the intestine and absorbed through the intestinal wall as in the normal individual, but here the process changes. Due to lack of insulin the sugar is not stored and is not used as completely but accumulates in the blood stream. Eventually it will accumulate to the point

where it may "spill over" into the urine and be wasted. This deprives the diabetic of the sugar which his body needs for energy.

When symptoms of diabetes are present they can be explained on the basis of the above facts. First, let's list the more common symptoms of diabetes and then we will fit them into the picture of the diabetic state. The most common symptoms are:

1. Loss of weight and weakness.
2. Abnormal hunger.
3. Unusual thirst.
4. Frequent urination and passing large amounts of urine.

Let us take the first symptom — the loss of weight and weakness. You will recall that the diabetic often spills sugar in his urine. This sugar would normally be used for energy, stored, or be converted to fat. When the diabetic loses it he must then use other body materials to supply him with necessary body energy. This causes the loss of weight from the body's "store house" and he is weak because the body conserves as much of its stores as possible.

Another symptom: Because he is weak and because he is losing food substances through his urine, the diabetic craves large amounts of food to make up for this loss. This in turn causes him to pass more sugar in the urine — and so a vicious circle is started.

Symptoms three and four go hand in hand. Because the diabetic is passing large amounts of sugar in the urine he must pass large quantities of urine for this sugar must of course be in a solution. To do this, his body requires unusually large amounts of water so the sugar which he cannot store can be put in solution and passed in the urine.

The mild or unsuspected diabetic may not show any of these symptoms simply because his disease has not progressed far enough. Diabetes is like so many other diseases — when found early it is much easier to control.

Modern Treatment of Diabetes

One of the most difficult things for a diabetic to realize is that *once* he is a diabetic he is *always* a diabetic. He must "regulate" himself, and learn to live with his condition. To accomplish this, a diabetic must know the important facts about diabetes. He must learn something about foods and food values. He must not submit to his disease and become a psychological cripple. He must control it and continue his role in his family, in his business, and in his society. This can be done and is being done by over a million diabetics in the United States today.

Modern diabetic treatment is a combination of three procedures:

1. The careful planning of food that is to be eaten.
2. The administration of insulin when necessary.
3. Appropriate amounts of exercise.

The past thirty years has seen the diabetic elevated from the position of medical hopelessness to a state of virtually normal life. Before the discovery of insulin the diabetic whose condition was too severe to be controlled by diet alone, was doomed. The few months or few years remaining to him were made miserable by starvation diet, the only control then known. Today, the diabetic has a nearly normal life expectancy, is insurable by many agencies, and is employable in almost any position.

Diabetics are not invalids. All that one needs to be convinced of this is to see Ham Richards or Bill Talbert play tennis, or watch a diabetic neighbor use a lawn mower.

There is no known cure for diabetes. The day one is found you will read of it in every newspaper in the United States. Until that day it can only be controlled. Anyone who tells you he can cure diabetes is a quack — don't waste your money or time on taking treatments from him.

What Happened Before Insulin

A straight answer to that is that most diabetics died. Only the diet part of the treatment was available. If their diabetes could not be controlled with diet, then nothing could be done for them. Then in 1922 a young Canadian surgeon, Dr. Frederick Banting, conceived a method of getting insulin out of the glands of animals in a form that would help diabetics. He finally persuaded the professor of physiology at the University of Toronto to let him use one of their laboratories during the summer when most of the personnel were on vacation. A young medical student, Charles Best, offered to help him. When the professor returned from his vacation, he found that the two young men had extracted insulin from the glands of animals and had used it to keep diabetic dogs from dying. After much work to purify the substance it was used on a human diabetic with great success. Before 1922 diabetic children could be expected to live only a few months. Young diabetics who started taking insulin in 1923 are still alive today. The discovery of insulin by Drs. Banting and Best is one of the glowing chapters in medical research.

Can Diabetes Be Prevented?

Unfortunately there is no vaccine or serum or any other substance which will prevent one from developing diabetes. The only aid to prevention that is known is the maintenance of normal weight.

The most important preventive measure in *diabetes control* is the prevention of the complications of diabetes. For the most part, this is the responsibility of the diabetic himself. In no other condition is one's individual care so much his own responsibility. By adequate treatment and the practice of self-control the diabetic can usually avoid the dreaded complications of gangrene of the feet, visual impairment, or neuritis. By good care the diabetic can prevent one of the most dangerous of the diabetic complications—the diabetic coma.

The doctor and the diabetic form a team with the doctor as the coach and the diabetic as a player in the regulation of diabetes.

Ask Yourself

Are you one of the 20,000 unknown diabetics in Florida? To best determine whether you might be a potential diabetic, ask yourself the following questions:

1. Do I have relatives who have diabetes?
2. Am I overweight?
3. Am I above 45 years of age?
4. Am I under 45 years of age?

IF YOUR answer to the first question is yes and you have diabetic relatives, your chances of having diabetes are about 1 in 18.

IF YOU are overweight, your chances of having diabetes are about 1 in 25. It is an established fact that 18 out of every 20 diabetics are overweight before they are 40 years old.

IF YOU are above 45, your chances of having diabetes are about 1 in 50.

IF YOU are under 45, your chances of having diabetes are about 1 in 100.

Do you fall into *more than one* of the above groups? If so, then your chances of developing diabetes or of being an unknown diabetic are increased. You owe it to yourself to have at least a yearly test for diabetes, *as a part of a regular physical examination*. This is the sure way to find out.



The Diabetes Detection trailer comes into town ---

---records are made of those who come to take the test---





--- a drop of blood is taken from the finger tip ---

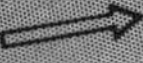
and examined by a technician who uses a machine that can quickly test blood
excess sugar.



for diabetics

FLORIDA STATE BOARD OF HEALTH

WHEN YOUR DOCTOR
SAYS YOU SHOULD
TEST YOUR URINE

HERE IS WHAT YOU NEED
TO KNOW 

These two booklets are available upon request

for diabetics

FLORIDA STATE BOARD OF HEALTH

WHEN YOUR DOCTOR
SAYS THAT YOU NEED
INSULIN

HERE ARE SOME OF THE THINGS
YOU NEED TO KNOW



est at your county health department.



When the Diabetes Detection trailer was in Miami, it was decided to put it on the terrace midway up the county courthouse steps, and ---

--- it was a long hard pull to get it there, so ---





... it was decided to have a derrick take it down and save energy and time.

"A DIABETES GUIDE BOOK—

' is available

FOR THE PHYSICIAN

to any physician who writes for one. It contains much valuable information on diagnosis, general principles of treatment, dietary regulations (including food exchanges) insulin, complications, education of the patient, etc. This publication is edited by the American Diabetes Association. Address your request to the Division of Nutrition and Diabetes Control, Florida State Board of Health, Jacksonville, Florida.

Diabetes Is A Public Health Problem

Public health deals with "the prevention of disease, the prolongation of life, the promotion of mental and physical well-being through organized community efforts." Diabetes is certainly a public health problem in light of the above statement. Diabetes is not a disease that can be prevented in the same manner as syphilis or tuberculosis. It is a disease, however, which lends itself to public health methods where education of the individual aids him in better self-care so that he may avoid its crippling complications. It enables potential diabetics to be aware of this danger through the knowledge that they may inherit a tendency toward it and that it is more prevalent among the overweight. Public health also affords an opportunity for early detection of the disease in the individual who has a blood sugar that is higher than normal or shows sugar in his urine, as these are two of the most common signs of diabetes. The public health agency can then refer the individual with these findings to *the doctor of his own choosing* for further study.

Early detection of diabetes is of great value to the diabetic and to the doctor who treats him. Not only does it lessen the possibility of loss of a limb or of vision, but it makes the doctor's job of regulating diabetes easier. Early detection also helps the newly discovered diabetic in that his treatment is often less rigorous than if his condition had been ignored until "full blown" diabetes had developed. **IT IS NOT IN THE SCOPE OF PUBLIC HEALTH ACTIVITY TO MAKE A FINAL DIAGNOSIS OR TO TREAT DIABETES.** Such diagnosis and treatment is the responsibility of the *individual's own physician*.

The Florida State Board of Health follows the accepted public health procedures in its Diabetes Control Division. These are:

1. Finding individuals who may have diabetes and requesting that they see the doctor of their choice.
2. Education of the diabetic so that he may better follow his doctor's orders.

3. Assistance in postgraduate seminars on diabetes for the education of the medical profession in the newer knowledge of diabetes diagnosis and treatment.
4. The encouragement of the formation of diabetes organizations where diabetics may derive encouragement and information from other diabetics and inspiration from outstanding physicians who study this disease. (There are Diabetes Associations in Jacksonville, Miami, and St. Petersburg.)
5. The publication of factual information regarding "quack" cures for diabetes and warning against their acceptance by any diabetic.

To help the diabetic stay abreast of new developments, to read of the interesting experiences of other diabetics, and about the activities of diabetic associations, etc., the Division of Nutrition and Diabetes Control publishes a monthly bulletin known as *Timely Topics*. (See page 203.) This is available free of charge to any Floridian who requests it. To aid the diabetic in learning to give himself insulin and to test his urine, two pamphlets have been prepared which are available at the 66 county health departments throughout the State. (See center pages.)

Upon request from the private doctor, the county public health nurse will visit diabetics to help them understand their meal planning problems and how to administer insulin.

Specific Activities

The Division of Nutrition and Diabetes Control became active in May 1950, following a demonstration unit set up by the U. S. Public Health Service in Duval County. This demonstration unit proved, by intensive testing in this one county that two per cent of our adult population has diabetes and half of them do not know it. Since then there has been constant study to develop new, fast and accurate methods of testing. Also great thought has been given to better educational methods for teaching known diabetics, and more effective ways to educate people so that they will want to be tested for this condition.

The diabetes detection trailer has moved around the state steadily since May 1950. Up to October 1, 1952, it had tested 74,533 persons. Of this number 755 had suspicious symptoms of diabetes and were referred to their private physicians.



This inside view of the trailer shows what a busy spot it can be when a multiphasic screen survey is underway. The blood taken here is checked for anemia, diabetes and syphilis.

For diabetics

TIMELY TOPICS

A BULLETIN FROM THE FLORIDA STATE BOARD OF HEALTH



CHOOSE WITH CARE

Diabetics must be very careful about their shoes. Shoes that don't fit or that are stiff may cause the feet to become sore. Your shoes should be of soft leather, long enough, with plenty of toe room. They should fit closely at the heels to keep them from rubbing. Buy only a pair of shoes that fit properly. Until they are broken in never wear new shoes longer than one-half hour a day. Cuts, sores, blisters, or raw spots on a diabetic's foot will not heal quickly. Nothing takes the joy out of life quicker than sore feet.



SOCKS ARE IMPORTANT

Wear socks or stockings that are one-half inch longer than the longest toe. Change them daily. Don't wear shoes without wearing socks.

KEEP THEM CLEAN

You should wash your feet daily. Use lukewarm water and a mild soap. Keep out of hot water. Diabetics often lose some of the feeling in their feet, and wash them in water that is too hot. To see if the water is alright put your elbow in it. If it is not too hot for your elbow, it is okeh for your feet. Dry your feet by patting them with a soft towel. Never rub them. Be sure to dry between your toes. Foot powder may be used between your toes after your feet are dry.

SKIN CARE

If your feet get scaly or dry rub them with lanolin to keep the skin soft. Do not use lanolin too often or your feet may become tender. If this happens rub them with alcohol once a day. If your toes overlap you may separate them with lamb's wool. If your feet get sore or have raw spots, be sure to visit your doctor. Don't use strong medicines, such as iodine on your feet.

A similar monthly bulletin may be received regularly free of charge if you live in Florida, are a diabetic, or a relative or friend of one. Send your request to the Division of nutrition and Diabetes Control, Florida State Board of Health, Jacksonville, Florida.

WALK WITH A SMILE



NAIL CARE

Trim your toenails regularly. It is always well to soak your feet in warm water first. Then trim your nails straight across. To soften brittle hard nails, rub lanolin under and around them. Keep your toenails clean with an orange stick.

YOUR DOCTOR KNOWS BEST

A doctor is the only person who can remove corns or calluses without doing damage. He knows just how much to trim to give you relief. Corn remedies are very dangerous to use. The acid in them will burn away your skin and leave a sore that is hard to heal.

COLD FEET



If your feet get cold at night, don't blame it on the weather, for it may be from poor blood circulation. Keep them warm with bed socks or use an extra wool blanket. Don't use a hot water bottle or heating pad. They may be too hot and burn your feet, doing great damage.

REMEMBER:

You'll never have but 2 feet, TAKE CARE OF THEM.



Short Quiz on Diabetes for Busy Folks

Q. What is diabetes?

A. Diabetes is a condition where the body cannot use sugar properly. This is because not enough insulin is made in the body.

Q. What is insulin?

A. It is a substance made in the pancreas gland. This gland is inside your body, located near your stomach. Insulin helps the body to use sugar for energy.

Q. Where does this sugar come from?

A. Sugar comes from the foods we eat.

Q. Is diabetes catching?

A. No. It is not caused by a germ. It may be passed from one generation to another.

Q. Who may have diabetes?

A. Anyone. It is no respecter of age, sex or color.

Q. Can you have diabetes and not know it?

A. Yes.

Q. What are the signs of diabetes?

A. Great thirst, great hunger, frequent urination, loss of weight.

Q. *How can you find out if you have diabetes?*

A. Have regular medical check-ups. If diabetes is present your doctor will find it.

Q. *How is diabetes treated?*

A. Meal planning as ordered by your doctor.
Exercise as ordered by your doctor.
Insulin, if needed, will be prescribed by your doctor.

Q. *Can diabetes be cured?*

A. No. This condition can be *controlled*, but no sure cure has been found.

Q. *Can I work if I have diabetes?*

A. Yes, you can work at most jobs.

Q. *Can I get married if I have diabetes?*

A. Yes.

Q. *Can I have children?*

A. Yes, but be sure and consult your doctor. Diabetic mothers need special attention.

Q. *Do I need special foods if I am a diabetic?*

A. No. You can eat at the family table, but you must plan the amount. You will have to give up sweets and plan your meals as your doctor tells you.

Q. *Can a diabetic get life insurance?*

- A. Yes. The premiums are higher, however. The insurance companies make sure that you have a good doctor; that you are following his orders and that you stay under his care.

Q. *What special troubles may a diabetic have?*

- A. He may have severe infections especially in his feet, unless he is careful.
He may have poor circulation.
Improper use of insulin may lead to trouble.
A poorly-controlled diabetic may have eye trouble.

Q. *How many diabetics keep out of trouble?*

- A. Follow their doctor's orders with regard to:
- (a) A meal plan.
 - (b) Exercise
 - (c) Insulin (if ordered)

Q. *Who is interested in diabetes?*

- A. Your doctor, your local medical society, your county health department, and The Florida State Board of Health.

(With approval of your local medical society, your county health department can bring in a trailer from the State Board of Health to do free diabetes screening tests.)

FLORIDA HEALTH NOTES

Published monthly except July and August on the 5th of the month by the Florida State Board of Health. Publication office, Jacksonville, Fla., headquarters of the State Board of Health. Entered as second class matter, Oct. 27, 1921, at post office, Jacksonville, Fla., Act of Aug. 24, 1912. It is intended primarily for individuals and institutions with an interest in the state health program, public and private. Permission is given to quote any story. Clippings or quotations or excerpts would be appreciated.

The State Board of Health

1217 Pearl Street or P. O. Box 210

JACKSONVILLE, FLORIDA

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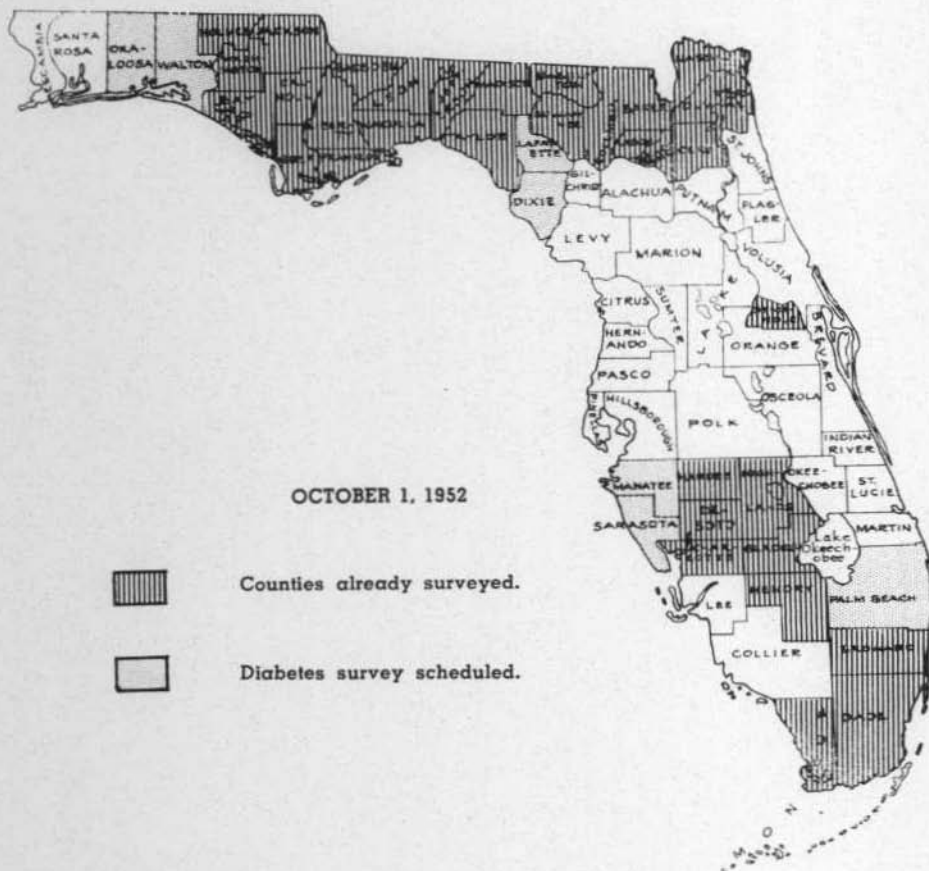
All counties in Florida have organized county health departments except
ST. JOHNS COUNTY

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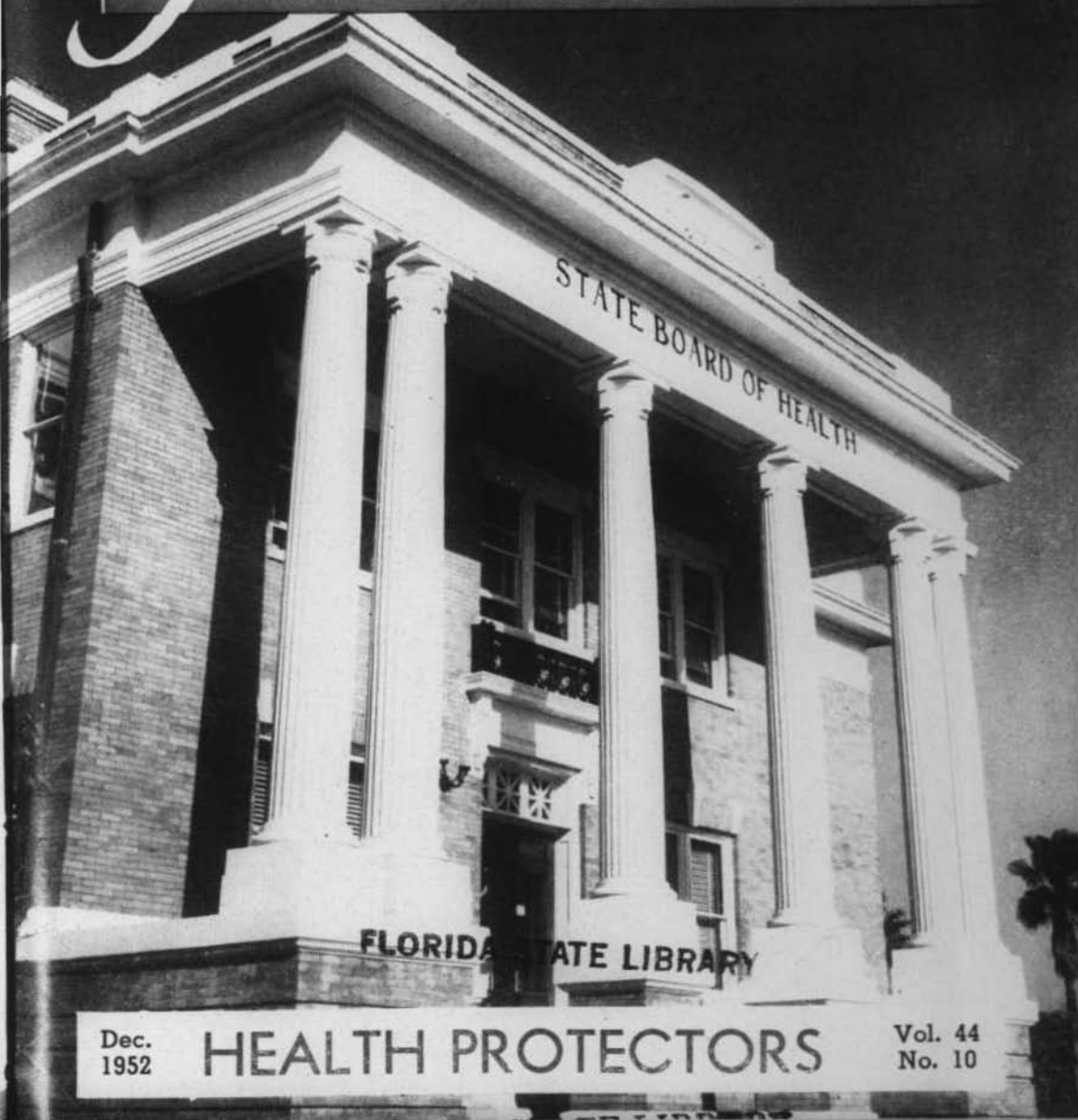
HN 12-51

**Where the Diabetes Detection Unit has
gone—and is going.**



Florida

HEALTH NOTES



Dec.
1952

HEALTH PROTECTORS

Vol. 44
No. 10



Public Health
is the
Sum Total
of the
Personal Health
of
Florida's People



HEALTH PROTECTORS

County health departments are created to protect the public against the hazards of disease and death.

And the public is YOU—who wish to enjoy freedom from illness, the ability to earn a living and enjoy life; to live in a community whose economic factors are not threatened by epidemic disease or poor sanitation, or a general low standard of health.

Public health services in Florida began at the local level in the days when cholera, smallpox, yellow fever and bubonic plague threatened the coastal ports of St. Augustine, Key West and Pensacola. Today Florida has pushed the organization of county health departments to the point where all but one of the State's 67 counties now have this protective feature. It is the health services of these departments planned locally with the help of the Florida State Board of Health which produce the visible results in public health programs.

The county health department *IS* the focal point of health work in Florida's counties.

Just A Second, Please

Sit for a few moments in a health department's waiting room:

1. A physician calls to report a communicable disease.
2. A teacher drops by on the way to school to pick up some health literature she will use in her classroom work.
3. A contractor comes in to talk about a new type septic tank. Does it meet the requirements of the State Sanitary Code?
4. A mother has her child immunized against diphtheria, whooping cough, and tetanus at the clinic.
5. A farmer drops in to ask for a set of plans for constructing a sanitary pit privy.
6. A mother-to-be with only a small income shows up for the pre-natal clinic to be sure her child gets off to a good start in life.
7. A merchant, surprised at how much rats are damaging his warehouse stock, wants to know how to get rid of them cheaply, yet effectively.
8. And so on through the day.

Though the doors may be officially closed until a more suitable opening hour, a health department's day begins before sunrise — when the sanitarian gets up early to meet delivery trucks for milk samples or to check operation at a dairy barn or milk processing plant. A health department director reads his mail before the office opens so as to be on time at an early meeting of the County Commissioners. A nurse rises early to visit a rural school on a hookworm control project.

As the county health department officially opens each day for business a clerk is on hand to sort the mail, answer telephone calls, welcome those in search of information, and check records. Reports pile up for the health officer. In person or by telephone he supervises work of nurses, sanitarians, clerks and other personnel. Public health nurses plan their day's work, to include trips to all types of homes in the county, or schools, or clinics — ad infinitum. The sanitarians prepare to inspect newly-installed septic tanks, teach food handlers, check seafood, take water samples — or do one of a hundred tasks which are their everyday duty.

People Who Protect

There are many persons, institutions and organizations in a community who protect the health of its citizens. The private physician is in the first line of defense, as are dentists, pharmacists and those in other allied professions. Hospitals and clinics, voluntary agencies (such as tuberculosis or cancer societies), and other tax-supported agencies all work together for the common good — good health. But the staff of a county health department — surveying, protecting, studying — works constantly to improve health and those conditions which influence our well-being.

Time was when the State of Florida had so few public health workers that in many places they were present only when an epidemic or other disease condition had developed to the point where it could no longer be ignored. Today, with 66 of the state's 67 counties having county health departments (all except St. Johns County), we now have enough men and women on the job to offer assistance in the prevention of many prevalent disease conditions. And, in the event of disease outbreaks which occasionally develop even today, they are able to call for help — from the Florida State Board of Health — in finding and eradicating or controlling the source of the trouble.

Public health work requires a lot of skills plus experience. The keystone is a qualified physician who acts as director. It

takes public health nurses, sanitary engineers, sanitarians, X-ray technicians, laboratory workers, health education specialists, and other persons with specialized skills who can unite their talents and training with others to offer a sound public health program which can reach the greatest number of people at the lowest practical cost.

What Is Public Health?

Public health work has a classic definition: "The art and science of preventing disease, prolonging life and promoting physical and mental efficiency through organized community effort." Simply put, it is to increase the healthy, happy productive life span of as many persons as possible. For as the World Health Organization put it:

"Health is a state of complete physical, mental and social well-being of the individual and not merely the absence of disease or infirmity."

It's An Old Story

Public health is an old story, dating back to the Biblical figure of Moses, who laid down laws for his people that are still recognized as good public health practices. However, it took an epidemic to prod Florida into the realization that something had to be done about public health. The epidemic of yellow fever in 1888 that spread over most of the state (but which seemed to hit hardest at Jacksonville), spurred newly elected Governor Francis P. Fleming to call a special session of the legislature. From that special session came the Florida State Board of Health when an act was signed by Governor Fleming on February 20, 1889.

The second big boost for Florida's public health program came in 1931 when the State legislature approved an act relating to public health and the control of communicable diseases and specifically authorized "counties of the State of Florida to cooperate with the State Board of Health in the establishment and maintenance by the State Board of Health of full-time local health units. . . ." (See last pages of this issue of HEALTH NOTES.)

The act, which became law June 4, 1931, also provided that the counties could "levy and collect special county taxes therefor" and permitted "two or more counties to agree upon joint or concurrent action to effectuate the purpose of this act," if one county felt it could not carry the financial burden alone. With

reference to this special health act many counties find it possible to finance the operation of their county health department out of general funds without a special tax. Some counties have special laws raising the ceiling of the health tax and others supplement the funds raised by such special taxes with general revenue funds.

From this act grew Florida's present system of county health departments with the smaller counties combining to form county health units of two or more counties operating under a single health officer but with at least one nurse, sanitarian, and clerk in each particular county.

Hundreds of organizations and thousands of people have joined to help create Florida's public health program. It has rightly come to be regarded as essential as fire and police protection.

When the term *county health department* is used, it indicates (except in the instances of Jacksonville, West Palm Beach, Orlando and Lakeland where there are city health departments) that the services cover the entire county including the municipalities therein.

To tell the story adequately would take a big, thick book. For the purpose of this issue of HEALTH NOTES, we want to close down our camera eye and bring it to bear on your local health department and tell you something of what it is doing — and could do — for you.

To Get Down To Brass Tacks

What is a county health department, how is it set up and how does it serve you? Legally, it goes back to 1889 when Governor Fleming signed into law the act which first brought the Florida State Board of Health into being. Other laws, rules and regulations have been added to that basic act, defining and extending the duties and responsibility of the state public health agency. County health departments operate under an extension of those laws, rules and regulations devised for eradication or control of public health hazards, and in providing certain other services.

On a practical basis, the county health department must have certain personnel in order to perform its duties. How do these people work to accomplish their objectives in improving the state of the public health? The list of the things they are expected to do and do — is staggering! Let us stop here and describe their major responsibilities.

The Health Officer:

A good health officer must be many things: he must be a qualified medical man (preferably with special training in public health work), an able administrator, a public relations expert, a persuasive and convincing speechmaker and a clever man where financing and bookkeeping are concerned. He is directly concerned with:

1. Administrative and supervisory control of all local health programs and activities of health department personnel.
2. Responsibility for surveys of the health needs of the community and development of public health programs to meet these needs.
3. Administration of health laws and regulations, both local and state.
4. Provision for programs for the control of preventable and controllable diseases, including consultation service to private physicians, isolation and quarantine, and investigation of cases of communicable diseases.
5. Acts as local registrar for births and deaths.

Under this head he also is responsible for case finding and provision for treatment for those suffering from hookworm, tuberculosis, and venereal disease; for encouraging immunization against smallpox, tetanus, diphtheria, typhoid, whooping cough, and other diseases for which an effective and approved immunization agent has been developed, and setting up clinics for this purpose.

The county health officer also is responsible for submission of periodic reports to the contributing agencies (such as the County Commissioners and State Board of Health) concerning activities of his department.

Among the programs which he must help organize, develop or supervise, include maternal, infant, preschool and school health, adult health, programs designed for control of tuberculosis, cancer, venereal disease, and diabetes. He also is concerned with industrial and dental hygiene, nutrition, community sanitation, and health education.

Some health departments in the larger population areas also are concerned with problems arising in the field of heart disease control, mental health, speech and visual defects, epilepsy, and with proper maintenance of boarding homes for children and elderly people.





The Public Health Nurse:

She must be a graduate registered nurse (preferably with public health training), indefatigable, tactful, a good teacher, and an excellent automobile driver. On her shoulders falls most of the detail work among mothers and children. She also is concerned with problems arising from communicable diseases, hookworm and tuberculosis control, venereal disease and cancer control, dental hygiene, nutrition, special services for crippled children and to some extent, industrial hygiene. She also plays a big role in school health programs. For example:

1. She encourages expectant mothers to secure early medical advice; interprets their doctor's instructions, and demonstrates home nursing care.

2. Promotes medical and dental supervision for children, as well as helping the family to establish good health habits.

3. With the assistance of the teacher, helps to select school children for examination by the physician; assists in securing correction of defects; assists teachers in planning health education programs.

4. Instructs parents and teachers how to recognize early symptoms of communicable disease; promotes immunization; teaches family how to carry out the physician's instructions.

5. Acts under the health officer's direction in the search for and control of hookworm, tuberculosis, venereal disease, cancer and dental hygiene.

6. Endeavors to help raise the nutritional standards of families coming to her attention.

7. And so on — and on — and on —

The Sanitarian:



The sanitarian is constantly checking on health hazards to be found in drinking water, milk, food, sewage and garbage disposal, water pollution, insect-breeding, and in devising methods for correction of practices dangerous to public health. Therefore, he must of necessity be tactful, industrious, persuasive, use an educational approach to his many problems, and have a good knowledge of State and local laws. He works in close cooperation with the public health nurse. His duties will include all of the following (and many more):

1. Promotes adequate disposal of all wastes, including human and industrial.
2. Promotes and checks on the development of safe water supplies.
3. Concerns himself with the healthful environment of schools: waste disposal, sanitation of lunchrooms, etc.
4. Guards the local milk supply by inspecting dairies, plants, etc.
5. Promotes rat control by various methods.
6. Supervises the sanitation of food-handling establishments.
7. Investigates the sanitary operation of swimming pools, tourist and trailer courts, and reports on complaints about "sanitary nuisances." (The last two words account for much expenditure of time and energy.)



The Clerk:

In the smaller health departments the clerk is the pivot around which all office detail revolves. More important, she represents the county health department itself to the hundreds of people who visit the office in the course of a year. A cheerful attitude, neat appearance, tact, patience, perseverance and a knowledge of the community as well as ability are required for this task.

Over-simplification of her duties would read like this:

1. Ordering and checking of literature, biologics, and other materials.
2. The keeping of adequate records.
3. The making of reports.
4. The necessity of keeping headquarters neat and attractive.
5. Correspondence and filing.
6. Keeping the financial records.
7. Greeting health department office visitors.

There Are Others:

Listed above is the basic staff of a small county health department. In larger health departments you may add another doctor or two; more nurses, more sanitarians, clerks, perhaps a combination switchboard operator-clerk-receptionist to help handle the increasing volume of work. Then, there may be a dentist, full or part-time, to operate a dental clinic; dental hygienists; an X-ray technician; possibly a health educator and other specialists. For as people cluster more closely together in growing cities they create man-made health hazards which bring on more work for more public health personnel.

How Do They Start?

How is a county health department organized? The desire for such service originates in a local community. Residents of a county have the right and privilege of requesting this service, through their Board of County Commissioners. The Commissioners, in turn, request the State Board of Health for assistance in establishing a County Health Department. The State Board of Health then makes a study to determine the health needs on the basis of population and the ability of the county to contribute a financial share in the undertaking.

If the population is small, with limited financial means, it may be necessary for the petitioning county to join with one or more other counties to set up what is known as a health unit. In that case, a separate local health department is set up in each county, with at least one nurse, one sanitarian and one clerk, but administered by a single health officer. These are known as bi-county or tri-county units.

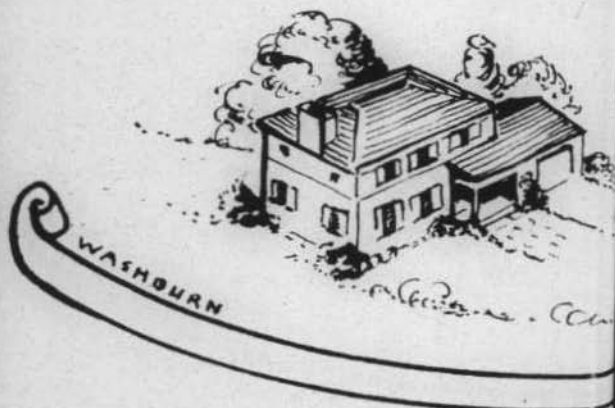
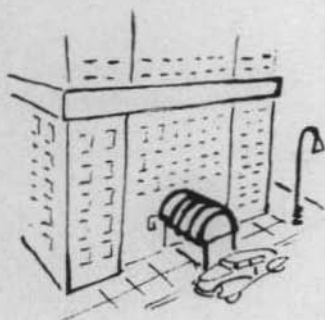
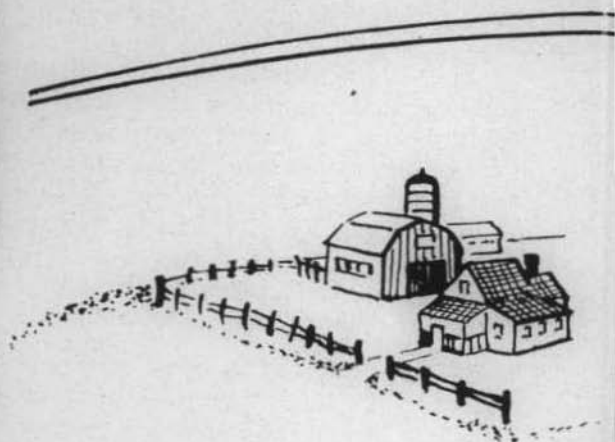
The Board of County Commissioners and the State Board of Health must agree on a budget for the proposed health department and the commissioners must provide suitable quarters for it.

How is the operation financed? By contributions from local sources, together with money provided by the State Legislature and the Federal government, and channeled to the county health department through the State Board of Health. Local financial support can come from the Board of County Commissioners, the Board of Public Instruction, city governments, social agencies and other interested groups.

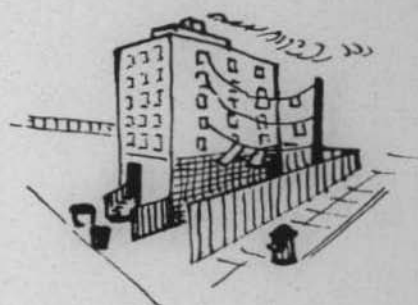
The Florida State Board of Health apportions the State and Federal monies in accordance with a formula adopted by the Board. A detailed discussion of the formula would not be appropriate here. But in substance, however, the following items are considered in working out the formula for each county:

- a. Population — a sliding scale of subsidy which tends to favor the smaller counties;
- b. Amount of local contributions;
- c. Amount of available state and federal funds.

The allotments from State and Federal sources are limited. The only variable is the amount of contribution from local sources.



A County Health Department



Protects The Community

When the budget is adopted it becomes the guide to expenditures and other financial obligations. This does not mean, however, that the budget is "frozen" against change. Money may be transferred from one fund to another as often as desired, provided the changes are endorsed by county commissioners and by the Florida State Board of Health, and the shifting of accounts does not exceed the total budget.

The county then lumps its funds from all sources together and establishes an account with the State Treasurer to the credit of its county health department. This fund, when established, becomes the property of the county and can then be spent only for the public health needs of that particular county.

Just one word more about financing. The important Federal contributors include the U. S. Children's Bureau, which finances certain maternal and child health activities, and the U. S. Public Health Service which makes available funds for control activities in the field of venereal disease, tuberculosis, cancer, heart disease and mental health as well as for general health purposes; and private industry, which is helping to finance water pollution studies conducted by the State Board of Health Bureau of Sanitary Engineering.

Of Local Interest

Who hires the health officer, the man who will be entrusted with this money and the health of the citizens? He is hired by and works for the county. But he must meet with the approval of the Florida State Board of Health and the Merit System as to his medical and public health qualifications and general fitness for the position.

How does the health officer choose his staff? The State Board of Health and county health departments operate under the State Merit System. Persons seeking employment with the county health department must undergo an examination for the position desired. From this examination a so-called "roster of eligibles" for employment is compiled. From this list the health officer chooses prospective employees on the basis of examination results. These prospective employees then must be approved by the county commissioners. After serving a six-month probationary period satisfactorily, such employees may attain permanent merit system status and cannot be discharged except for cause.

As this is written, the State Board of Health AND local health departments are employing a total of 1,348 people in all their operations. Of that number, 871 are working in county health departments. The others are employed in such essential tasks as laboratory services (67); preventable diseases (74); vital statistics (50); entomology (44); sanitary engineering (37); the five branch laboratories over the state and the Field Training Center at Gainesville (72). It sounds like a lot of people until you realize that Florida's population, plus its visitors, now exceeds three million people.

Is this enough personnel? No — not enough to give the people the service which they are requesting — and should have.

For The People

One of the advantages of a county health department is that it can get — and stay — close to the people. The people exercise control through their representatives in the State Legislature, who determine how much the state shall contribute in terms of money and trained personnel to the state's public health program as a whole. They also exercise control through their county commissioners, school boards, city commissions, etc.

Local communities determine in large part how much — or how little — of a public health program they want. They also can make their influence felt as members of health councils or public health advisory groups. In addition to regular health councils which have been set up to guide, counsel and help local health officers, such voluntary organizations as the local Tuberculosis and Health Associations, the health committees of Parent-Teacher Associations and American Legion Posts and many other organizations have contributed substantially to the organizing, maintenance and expansion of many county health departments.

For this reason a county health department director must look in several directions for the help he needs. He must look to the Florida State Board of Health for his share of State and Federal funds for public health work. He must be able to win its approval as to his qualifications and methods of operations. He will use the services of the specialized consultants sent out by the State Board of Health to improve his program. He must also look to his county commissioners and other agencies for additional help in raising matching funds. But most important of all — he must win friends and influence local people in the cause of public health.

It may come as a surprise to many to learn that the State of Florida through its legislature, carries only a relatively small amount of the load in helping to finance the Sunshine State's local public health program. Let's look at the record. For the budget year beginning July 1, 1952, and ending June 30, 1953, Florida has budgeted a total of \$3,346,546 for county health department operations from all sources. Of that amount \$2,237,316 was made available from such local sources as Boards of County Commissioners, County School Boards, and governing agencies of many municipalities which turn public health functions over to their county health department. A total of \$850,000 was set up by the State Legislature to finance county health activities, while \$259,230 was provided by federal grants-in-aid.

Thus it can be seen that income from all sources provides approximately \$1.20 per capita of population served by full-time county health departments. It has been estimated by competent authorities in the public health field that at least \$2.15 per person, or an estimated \$6,450,000 based on Florida's estimated population of three million is needed to provide a reasonable minimum of adequate public health services. In the light of these figures, is Florida paying enough? You — each one of you Florida citizens — must answer this question to your own satisfaction — and safety.

What do Florida citizens get for the money they invest in public health? A complete listing would take a volume so here it is briefly summarized:

Programs designed for the control of preventable diseases and of the chronic diseases which affect the public health and welfare; veterinary public health protection; maternal and child health services; dental public health; environmental sanitation; laboratory services; recording and analysis of vital statistics and other data of interest to a public health agency, health education and information and coordination of activities and resources which can be used in the public health program. (For more detailed information, see the list of the "84 Duties" published elsewhere in this issue.)

Activities in County Health Departments vary, but there are certain things a health department *does not* do. It cannot prescribe for ill persons; give material assistance, such as medicine or clothes; act as a welfare agency, or deliver maternity cases.

One Last Word

Of increasing interest is the health of Florida's thousands of school children. County health departments and local school boards are working more closely in cooperation during recent years to protect this "crop" of growing citizens. The legal responsibility for school health services is vested primarily in the State Board of Health through its affiliated county health departments. The responsibility for health education rests primarily with the State Department of Education through the local school boards. The healthy school environment is the responsibility of the local school board with consultation available (and frequently used) from the county health department.

FLORIDA STATE BOARD OF HEALTH

Local County Health Unit Law

Chapter 14906 (No. 268)

General Laws 1931

AN ACT Relating to the Public Health and to the Control of Preventable Diseases, and to Authorize Counties of the State of Florida to co-operate with the State Board of Health in the Establishment and Maintenance by the State Board of Health of Full-time Local Health Units Therein, and to Levy and Collect Special County Taxes therefor, and to Authorize Two or More Counties to Agree Upon Joint or Concurrent Action to Effectuate the Purpose of this Act.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF FLORIDA:

Section 1. That the several counties of the State of Florida, and cities therein, are hereby authorized to co-operate with the State Board of Health in the establishment and maintenance of full-time local health units in such counties for the control and eradication of preventable diseases, and to inculcate modern scientific methods of hygiene, sanitation and the prevention of communicable diseases.

Section 2. To enable such counties to execute the purpose of this Act, every county in the State with a population exceeding one hundred thousand (100,000), according to the last State Census, is hereby authorized to levy an annual tax of not exceeding one half ($\frac{1}{2}$) mill, and every county in the State with a population exceeding forty thousand (40,000), according to the last State Census, and not exceeding one hundred thousand (100,000) is hereby authorized to levy an annual tax not exceeding one (1) mill, and every county in the State with a population not exceeding forty thousand (40,000) according to the last State Census, is hereby authorized to levy an annual tax not exceeding two (2) mills, on the dollar on all taxable property in such county, the proceeds of which, when collected, shall be paid to the State Treasurer for the account of the State Board of Health. Such funds in the hands of the State Treasurer shall be known as the full-time local health unit funds of the county by which such funds were raised; and said funds shall be expended by the State Board of Health solely for the purpose of carrying out the intent and object of this Act in such County. The State Board of Health shall render to the County Commissioners of any such county providing such funds a semi-annual financial statement of the disbursements thereof, so long as said moneys shall continue to be disbursed by or under the direction of the State Board of Health.

Section 3. That the County Commissioners of every county are hereby authorized to agree with the State Board of Health upon the expenditure by the State Board of Health in such counties of any funds allotted for that purpose by the State Board of Health or receive by it for such purposes from private contributions or other sources, and such funds shall be paid to the State Treasurer and shall form a part of the full-time local health unit fund of such county, and shall be expended by the State Board of Health solely for the purpose of this Act. The State Board of Health is further authorized to arrange and agree with the United States Government through its duly authorized officials for the allocation and expenditure by the United States of funds of the United States in the study of the causes of diseases and prevention thereof in such full-time local health units when and where established by the State Board of Health under this Act.

Section 4. That the personnel of the minimum full-time local health unit shall consist of a director, who shall be a doctor of medicine, a public health nurse, a sanitary officer and a clerk. All of the members of such personnel shall be selected from those especially trained in public health administration and practice, so far as the same shall relate to the duties of their respective positions. They shall be employed by the Board of County Commissioners, provided however that no such personnel shall be employed by the Board of County Commissioners unless such said personnel shall be approved by the State Health Officer. The duties and compensation of said personnel shall be fixed and determined by the State Board of Health upon the approval of the Board of County Commissioners. Such employees shall devote their entire time to the control of preventable diseases and the education of the public in modern scientific methods of sanitation, hygiene and the control of communicable disease in cooperation with and under the supervision of the State Board of Health.

Section 5. That it shall be lawful for two or more counties to combine in the establishment and maintenance of a single full-time local health unit for the counties which combine for that purpose as aforesaid, and pursuant to such combination or agreement such counties may co-

operate with one another and the State Board of Health and contribute to a joint fund in carrying out the purpose and intent of this act. The duration and nature of such agreement shall be evidenced by resolutions of the Board of County Commissioners of such counties and shall be submitted to and approved by the State Board of Health. In the event of any such agreement, a full-time local health unit shall be established and maintained by the State Board of Health in and for the benefit of the counties which have entered into such an agreement; and, in such case, the funds raised by taxation pursuant to this Act by each such county shall be paid to the State Treasurer for the account of the State Board of Health and shall be known as the full-time local health unit fund of the counties so cooperating. Such funds shall be used and expended by the State Board of Health for the purpose specified in this Act in the counties which have entered into such an agreement. In case such an agreement is entered into between two or more counties, the work contemplated by this Act shall be done by a single full-time local health unit in the counties so cooperating, and the nature, extent and location of such work shall be under the control and direction of the State Health Officer.

Section 6. All laws or parts of laws in conflict with this Act are hereby repealed. If any portion of this Act be held unconstitutional or unenforceable, it is hereby declared to be the purpose of the legislature that the remainder of said act shall not be affected thereby, insofar as the same may be found to be unenforceable or unconstitutional.

Section 7. This Act shall take effect upon its becoming a law.

Approved June 4th, 1931.

THE 84 DUTIES OF THE FLORIDA STATE BOARD OF HEALTH AND THE COUNTY HEALTH DEPARTMENTS

1. The duties described herein are shared by the Florida State Board of Health and the County Health Departments except in certain instances where the functions have been specifically designated by law to one or another of the agencies.
2. The 84 duties listed are either required by Legislative Acts; by order of the State Board of Health or by specific State or Federal appropriation.
3. There are no "housekeeping" duties included, such as consultation, county health unit budgets, fiscal matters, etc.
4. The State Board of Health, for the purpose of this act, is taken to include county health departments.
5. No details of historical interest have been included, although there are many interesting ones in this category.
6. Obviously the categories used do not conform to the administrative set-up of the Florida State Board of Health. Administration was not considered anywhere in the preparation of this list.

CODE:

- L** Required by Law
- X** Principally a central office function.
- C** Principally a County Health Department function.
- F** Specific Federal appropriation.
- S** Specific State appropriation.

A. Control of Communicable Diseases

1. Provide for control of any communicable, contagious or infectious disease. (L) This includes programs for control of:
 - (a) Venereal diseases, including case finding, diagnosis and treatment; and examination of contacts. (F)(L)
 - (b) Tuberculosis, including case finding, diagnosis (X), consultation, follow-up (L) and investigation of person refusing treatment. (F)
 - (c) Malaria.
 - (d) Hookworm and larva migrans.
 - (e) Leprosy, including consultation and arrangements for treatment.
 - (f) Typhus fever.
 - (g) Rabies.
 - (h) Smallpox, diphtheria, typhoid fever and whooping cough. (Immunizations)
2. Enforce maritime and domestic quarantine. (L)
3. Study causes of disease epidemics and ways and means for their prevention. (L)

B. Control of Non-Communicable Diseases

1. Conduct programs for control of:
 - (a) Cancer, including diagnosis and treatment. (F)(L)
 - (b) Heart Disease, including education, rehabilitation and research. (F)
 - (c) Diabetes, including screening for case finding, educating of diabetics and (L) distribution of insulin to indigent diabetics.
 - (d) Malnutrition, including education for prevention and screening for anemia.
 - (e) Mental illnesses, including prevention, diagnosis and treatment. (F)
 - (f) Epilepsy, including diagnosis and treatment.

C. Health Education

1. Inform and educate the people of Florida concerning the diseases detrimental to their health, with emphasis on prevention.
2. Keep the public informed of the health conditions in the state. (L)
3. Maintain a film library on health subjects. (X)
4. Issue the monthly publication "Health Notes." (X)
5. Prepare and distribute printed matter, radio transcriptions, exhibits and other media, on health subjects.

D. Collection of Vital Statistics and Issuing of Certificates

1. Collect, tabulate, analyze and preserve all records of births, stillbirths, deaths, illnesses, marriages and divorces. (L)
2. Issue copies of certificates of births, deaths, marriages and divorces. (L)(X)
3. Issue delayed certificates of births upon submission of proper evidence. (L)(X)

E. Maternal and Child Health

1. Protect the health of mothers and children (F) through the conducting of:
 - (a) Prenatal clinics.
 - (b) Preschool clinics.
 - (c) School examinations, including special tests for sight and hearing.
 - (d) Follow-up when defects found.
2. Regulate the practice of midwifery. (L)

3. Distribute prophylactic drops for use in newborn infants' eyes. (L)
4. Report to county school superintendent the exceptional children requiring special educational services. (L)
5. Inspect sanitary conditions in and assist in setting up minimum qualifications for licensure of homes for dependent children.

F. Control of Narcotics and Healing Art Practice

1. Enforce State Pharmacy laws, Medical Practice Act and uniform Narcotic Law. (L)(X)
2. Assign narcotic addicts to a hospital at the State Prison for treatment. (L)(X)
3. Approve hospitals, physicians, et cetera for issuance of Federal Narcotic Tax Stamp. (X)
4. Issue Narcotic Licenses to wholesale and retail drug concerns. (L)(X)
5. Register physicians, chiropodists, drug stores, pharmacists, naturopaths, chiropractors, osteopaths and masseurs and masseuses. (L)(X)

G. Environmental Sanitation

1. Investigate sanitary conditions within the State; enforce maritime sanitation regulations; adopt and enforce rules concerning sanitation. (L)
2. Supervise sanitation of public water and sewage disposal, including:
 - (a) Approve plans for all public water systems, sewage and industrial waste disposal. (L)(X)
 - (b) Supervise all underground waters and issue permits for drainage wells. (L)(X)
 - (c) Supervise sanitation of common carrier watering points.
 - (d) License operators of Water and sewage treatment plants. (X)
 - (e) Promote proper home water and sewage disposal facilities.
3. Supervise sanitation of milk and food products, including:
 - (a) Certification for common carriers.
 - (b) Laboratory examinations.
 - (c) Inspection of food handling establishments. (C)
 - (d) Inspection of dairy farms. (C)
4. Approve plans for and supervise operations of bottled water plants.
5. Supervise operation of shellfish and crustacea meat processing and handling plants. (L)
6. Inspect and issue permits for tourist and trailer camps and examine hotels and boarding houses on request. (L)
7. Inspect and issue permits for canning plants. (L)
8. Control of mosquitoes and human biting flies (S), including:
 - (a) Assist in creation and operation of mosquito districts. (L)(X)
 - (b) Advising Mosquito Control Boards as to proper methods of control. (L)(X)
 - (c) Supervise and issue permits for impounded waters. (L)
9. Enforce Structural Pest Control Act and Therma-Aerosol Machine Fogging Law, including:
 - (a) Promulgation of rules and regulations. (L)(X)
 - (b) Investigation of Violations. (L)
 - (c) Register all pest control operators. (L)(X)
10. Approve plans for and supervise operation of public swimming pools and bathing areas. (L)
11. Ratproofing and dusting with insecticides for control of rat fleas.
12. General control over water pollution by industrial wastes. (F) (L)

13. Promote health of industrial workers by means of:
 - (a) Surveys of industrial plants to find potential hazards to health of employees. (X)
 - (b) Make study of hazardous working conditions and make recommendations to correct them. (X)
 - (c) Investigate occupational diseases in industry and make recommendations leading to their prevention. (X)
14. Approve plans, inspect and regulate sanitation facilities, lighting and ventilation in schools. (L)
15. Educate persons who handle food as an occupation in sanitary techniques of performing this occupation.

H. Laboratory Services

1. Make bacterial and biochemical analyses of water, food, milk, drugs, sputum, blood, et cetera. (X)
2. Approve laboratories for serologic testing for syphilis. (L)(X)
3. Analyze sewage and industrial waste products.
4. Make analyses of substances suspected of containing narcotics. (X)
5. Perform chemical and physical analyses for industrial contaminants or toxicants. (X)
6. Identification of mosquitoes, rat fleas and other insects. (X)
7. Analysis of contents of human body where death from poisoning suspected. (L)(X)
8. Analysis of carcasses of animals where poisoning suspected and of the brains of animals for rabies. (L)(X)
9. Cooperate in a program for increasing efficiency of medical laboratories. (X)

I. Dental Health

1. Promote dental health by means of:
 - (a) Promotion and supervision of addition of fluorides to drinking water. (X)
 - (b) Operation of dental clinics for school children.
 - (c) Promotion and operation of clinics for application of fluoride to teeth of children. (X)

J. Professional Education

1. Cooperate with, assist and provide for post-graduate education of physicians, dentists, sanitary engineers, nurses and medical technologists. (X)
2. Maintain a medical and public health library service including texts, periodicals and reprints.

K. Miscellaneous

1. Inspect and issue licenses for hospitals built with Federal aid. (L)(X)
2. Coordinate medical activities in the Civil Defense Program. (X)
3. Register medical technologists. (L)(X)
4. Issue burial permits. (L)
5. Issue disinterment permits. (X)
6. Promulgate regulations for transporting bodies.

FLORIDA HEALTH NOTES

Published monthly except July and August on the 5th of the month by the Florida State Board of Health. Publication office, Jacksonville, Fla., headquarters of the State Board of Health. Entered as second class matter, Oct. 27, 1921, at post office, Jacksonville, Fla., Act of Aug. 24, 1912. It is intended primarily for individuals and institutions with an interest in the state health program, public and private. Permission is given to quote any story. Clippings of quotations or excerpts would be appreciated.

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ST. JOHNS COUNTY

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It is the duty of the State to extend over the people its guardian care, that those who cannot or will not protect themselves, may nevertheless be protected; and that those who can and desire to do it, may have the means of doing it more easily. This right and authority should be exercised by wise laws, wisely administered; and when this is neglected the State should be held answerable for the consequences of this neglect.

Lemuel Shattuck
(Boston - 1850)

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